

PETERSBURG MEDICAL CENTER MFP MARKET ANALYSIS

SEPTEMBER 2019

NAVIGANT

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SETTING THE STAGE & INDUSTRY TRENDS

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THE CHANGING NATIONAL HEALTHCARE LANDSCAPE

The “7 Cs” impacting healthcare



1. **Changes to regulations** are uncertain



2. **Contraction** of inpatient volumes



3. **Chronic Disease and Care Management** across the continuum



4. **Consolidation** of providers



5. **Compression** of margins



6. **Consumerism** comes to healthcare



7. **Competing**
on value

THE CHANGING NATIONAL HEALTHCARE LANDSCAPE

National trends are presenting challenges to all hospitals

National Trends



Changes to regulations are uncertain



Contraction of inpatient volumes



Chronic Disease and Care Management across the continuum



Consolidation of providers



Compression of margins



Consumerism comes to healthcare



Competing on value

Implications for All Hospitals

- Create flexibility in strategies to account for uncertainty
- Think outside of the (hospital) “box”
- Focus on outpatient strategy, primary care, & improved care coordination will be critical
- Pursue partnerships/affiliations and collaboration to support mission and vision
- Focus on cost reduction and revenue enhancement opportunities
- Deliver a differentiated patient experience that extends beyond acute care (e.g. virtual care and convenient access to care)
- Focus on providing high quality, patient-oriented, low cost care

CHANGES TO REGULATIONS ARE UNCERTAIN

Growth of uncompensated care is a significant threat to CAHs



“According to the Urban Institute’s analysis, repealing the ACA without a replacement would cause 30 million people (22.5 million due to loss of subsidies, Medicaid expansion, and the individual requirement to have health insurance, and 7.3 million due to ripple effects of market upheavals) to lose their healthcare, a number that would jump to 59 million by 2019.”

Regulatory Uncertainty Impact by Segment and Implication for CAHs

Patients

- Potential loss of individual mandate and changes in essential benefits



- Increased patient financial responsibility may cause delays in patients seeking treatment and increased bad debt due to difficulties collecting from patients

Payers

- Uncertainty of the future of the insurance exchanges prompts payers to leave the Exchange



- Fewer payers in the Exchange increases payer concentration resulting in more challenging payer negotiations

Providers

- Potential changes in policy on Medicaid expansion, cost based reimbursement, DSH payments, and 340B



- As ~60% of CAH revenue comes from Medicare and Medicaid, there is a risk of growth in uncompensated care coupled with declining government payments

Source: Rural Impact Study 2017, CMS.gov. DSH: disproportionate share hospital.

CONTRACTION OF INPATIENT VOLUMES

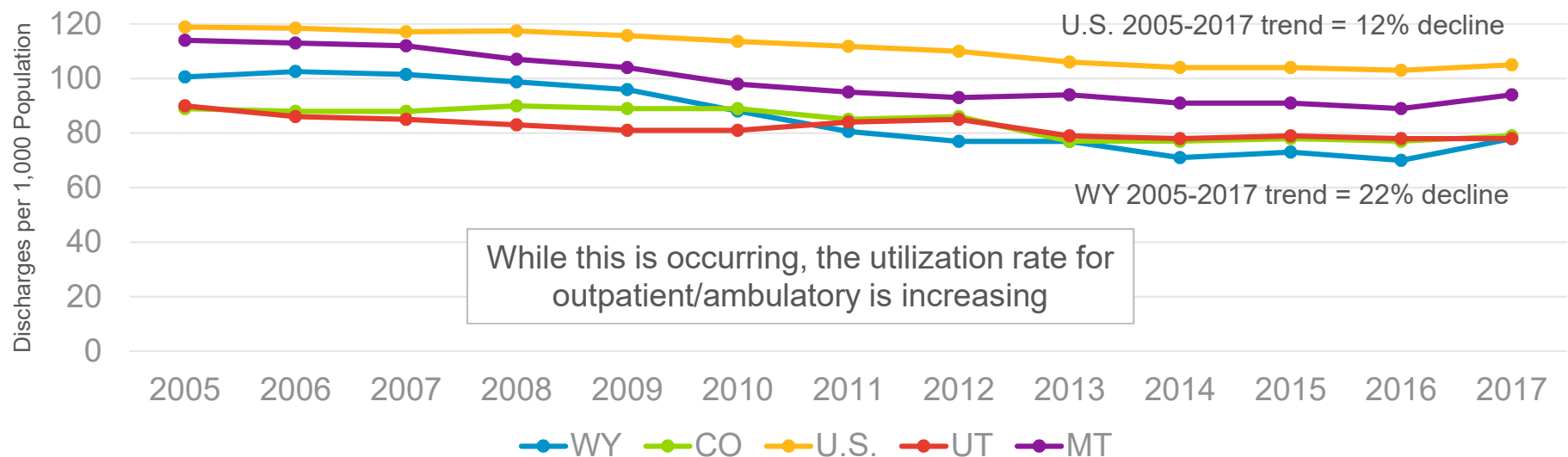
As inpatient use rates continue to decline, it will become even more difficult for CAHs to maintain critical mass for inpatient services



What's behind the decline in inpatient use rates?

- Advanced technology enables shorter length of stay and more services to be offered OP vs. IP (e.g. more minimally invasive procedures, telehealth, new drugs, etc.)
- Changes in payment models incentivizes providers to reduce length of stay and hospital readmissions
- Shift to population health management & improvements in care management (e.g. home health)

National and Regional Inpatient Use Rate Trends (2005 – 2017)



Source: Kaiser Family Foundation; Navigant research and analysis.

CHRONIC DISEASE AND CARE MANAGEMENT

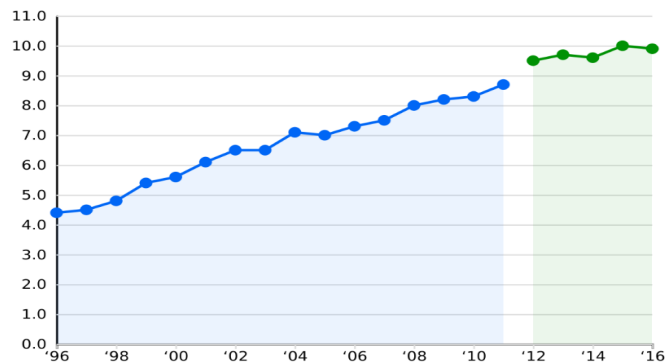
Aging and chronic disease are inadequately addressed



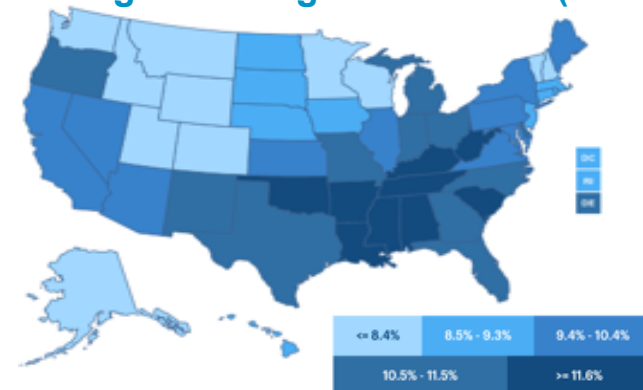
There are 10,000 new Medicare beneficiaries every day (1 every 7 seconds!)

- Chronic conditions account for a majority of Medicare spending growth
- 25% of Medicare beneficiaries have 5 or more chronic conditions
- Five chronic diseases—heart disease, cancers, stroke, COPD and diabetes—account for two-thirds of all deaths in the United States and chronic diseases account for 75% of national total health care costs
- Current health care infrastructure, which is designed to treat acute illness, is not effective at treating chronic illness and addressing personal behaviors associated with poor health

Adults living with Diagnosed Diabetes in the U.S. (1996 – 2016)



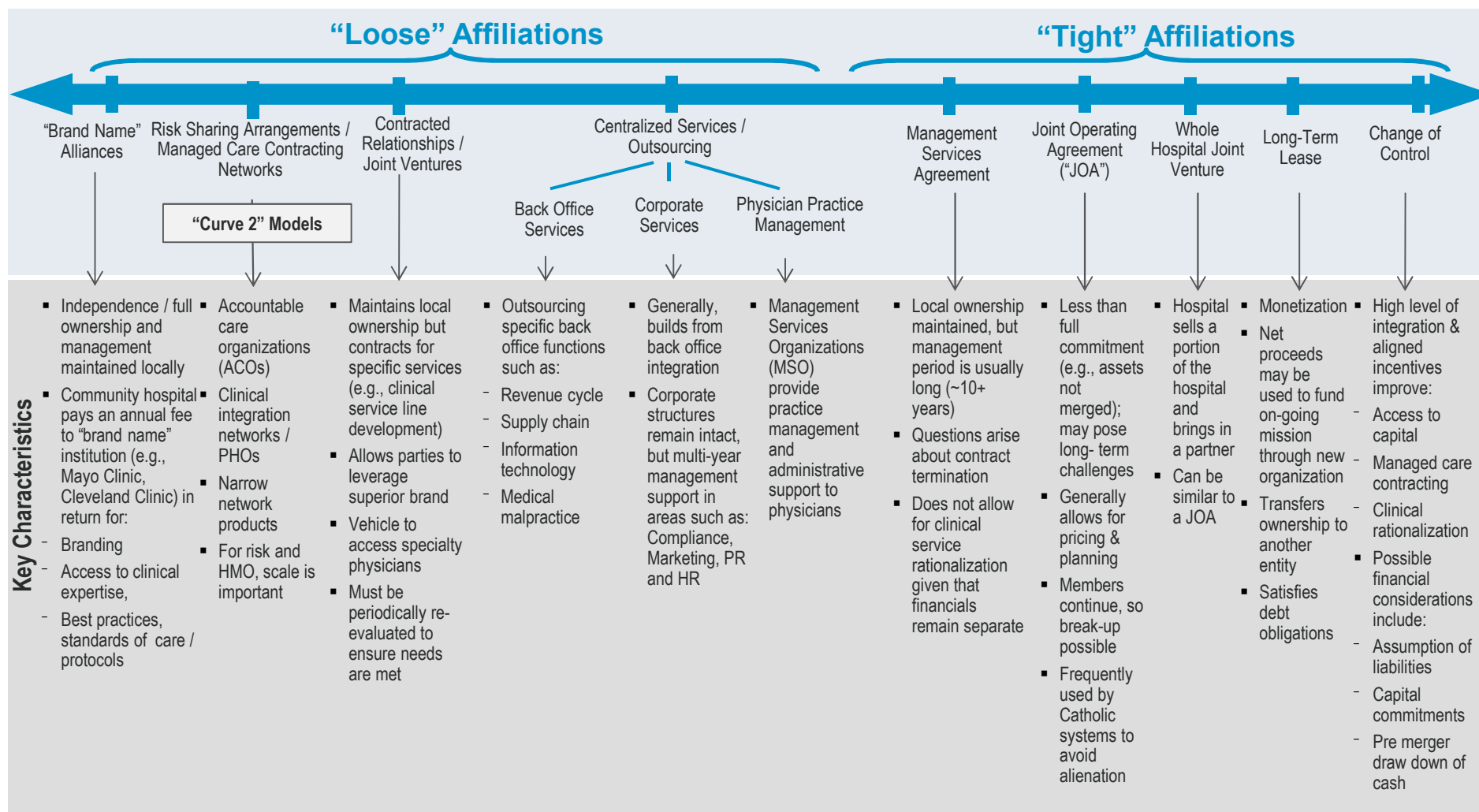
Prevalence of Diagnosed Diabetes Among Adults Aged 18+ Years (2016)



Sources: www.americashealthrankings.org; US Census Bureau; AHA Cost of Caring Report, AMA Health Care Trends, CDC

CONSOLIDATION OF PROVIDERS

Nationally and regionally, providers are consolidating and pursuing a variety of affiliations



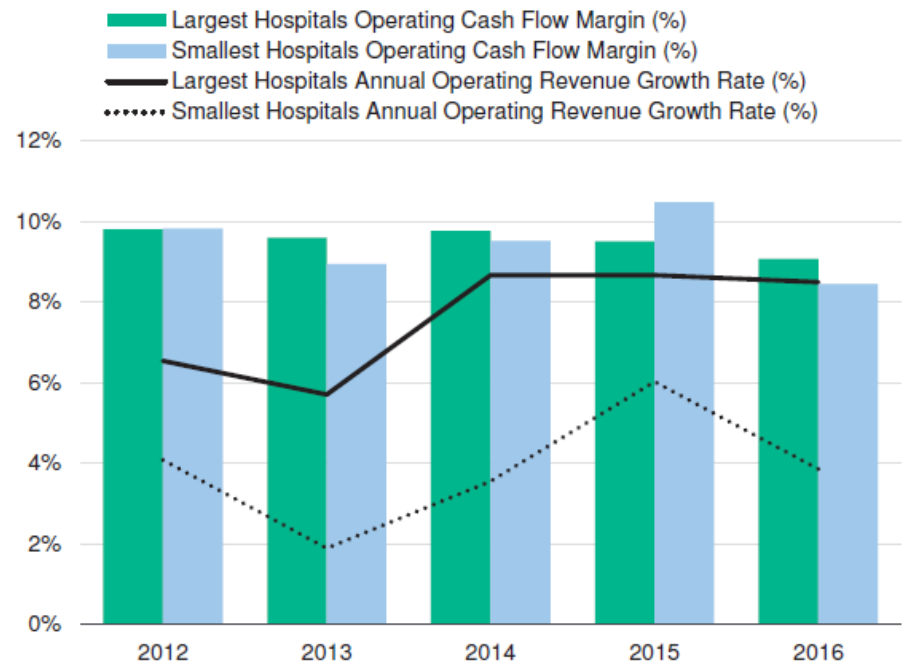
COMPRESSION OF MARGINS

Tighter margins will continue to weigh on CAHs going forward as reimbursement pressures remain and expenses increase



- Smaller hospitals saw operating cash flow margins decrease from 10.5% in 2015 to 8.5% in 2016, while larger hospitals saw a smaller drop from 9.5% to 9.1%.
- Factors contributing to margin declines include:
 - Continued shift to lower-reimbursed outpatient settings
 - Growing costs due to higher pharmaceutical costs, nursing shortages, rising pension contributions, investments in EMR/ other HIT, and increasing need to employ and/or align clinicians to meet requirements of population health management
- Given the majority of CAHs have negative net operating profit margins and low days cash on hand, continued margin pressure makes CAHs particularly vulnerable

Median Margins & Revenue Growth for 50 Smallest and 50 Largest Hospitals (2012 – 2016)



Source: Fitch Ratings, Moody's. Note: 50 smallest and 50 largest not-for-profit and public hospitals were included in terms of total revenue were examined in the Moody's report.

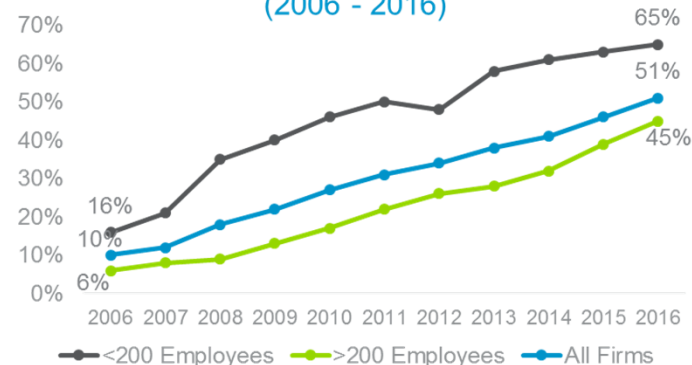
CONSUMERISM (FINALLY) COMES TO HEALTHCARE

Out-of-pocket costs rise for consumers, retail and “virtual” will matter...a lot!

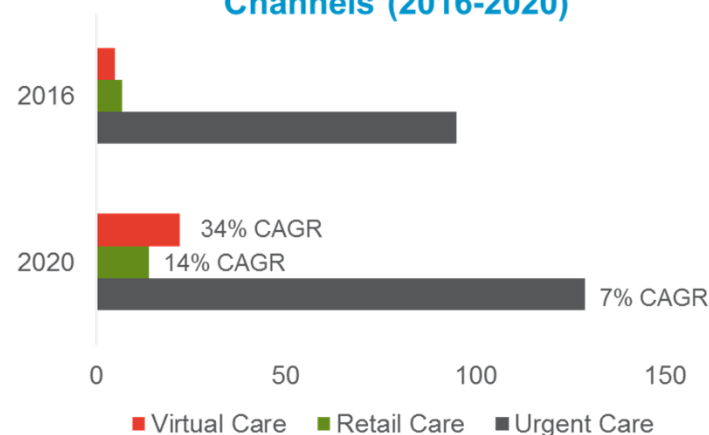


- The importance of convenience, access, and the empowerment of consumers in directing their own healthcare will fuel “on demand” delivery channels
- This trend will address the fact that people under 40 are 50% more likely to not have an established primary care physician relationship and instead access primary care through on-demand providers such as urgent care, retail clinics or “virtual” providers

Percentage of Covered Workers Enrolled in > \$1,000 Deductible Plan (2006 - 2016)



Number of On-Demand Delivery Channels (2016-2020)





ASCENT OF CONSUMERISM

HALF of all people with employer provided coverage have a deductible of at least \$1,000

Average family deductible for silver plans in the exchanges

\$8,292

39% of large employers today offer their provided coverage staff **ONLY** high-deductible health plans

FOUR IN 10 ADULTS in 2017 would either **borrow, sell something, or unable to pay** if faced with a \$400 emergency expense

There were an estimated **22.2 MILLION HSA** accounts as of the end of 2017; **73%** have been opened since 2014

Sources: Kaiser Family Foundation, Forbes, National Business Group on Health, Federal Reserve, EBRI

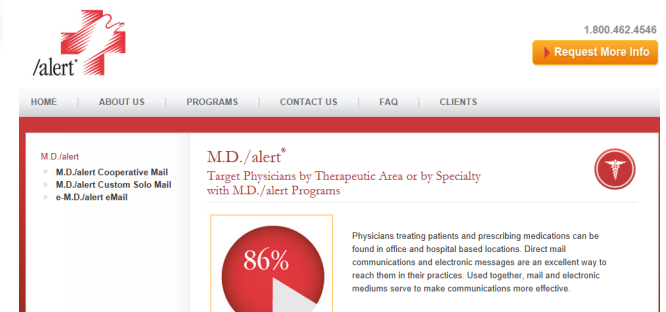
Rise of the high-deductible health plan has materially accelerated consumerism in the healthcare industry. Patients and payers are expending more energy on identifying and utilizing low cost, high quality access points in lieu of the traditional access points.

CONNECTIVITY BETWEEN PATIENTS/FAMILIES & PROVIDERS

There is an explosion in patient demand for access to health data

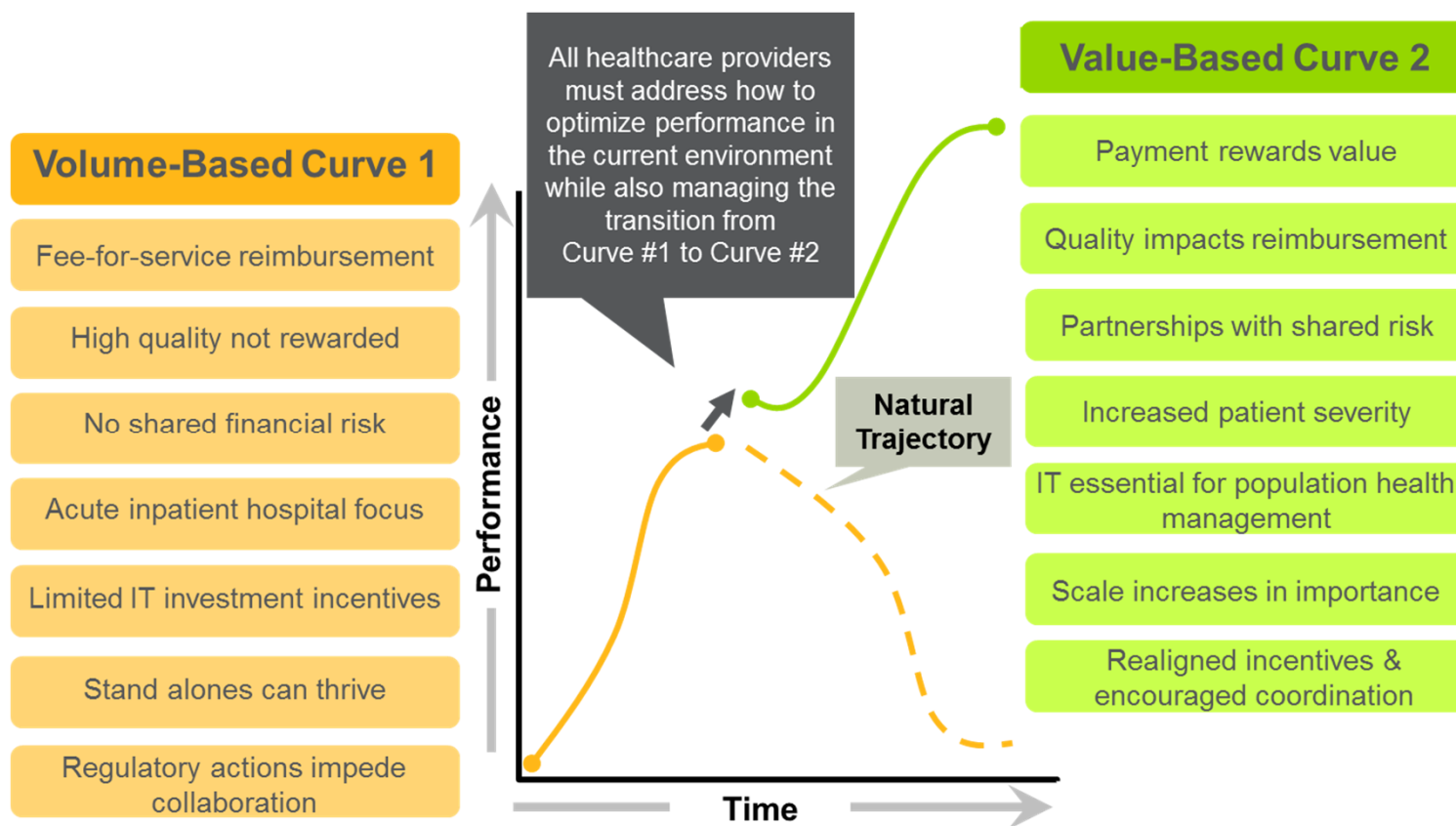


- 21% of Americans are already tracking their health on some kind of electronic device
- There are more than 150 mobile apps on the market that can track or capture user-entered health data
- The Veterans Health Administration launched a home monitoring system in the mid 2000s. More than 144,000 high risk vets were monitored in 2013 for chronic conditions. A recent study showed a 25% reduction in hospital bed days and a 19% reduction in admissions.
- IHS, a data and analytics firm, projects the telemedicine market will grow at a rate of more than 50% a year, from \$240 million in 2013 to \$1.9 billion by 2018.



Sources: Pew Foundation, IMS Institute for Healthcare Informatics, IHS

COMPETING ON VALUE



MARKET FORCES ARE PUTTING CRITICAL ACCESS HOSPITALS AT RISK

- National trends will impact critical access hospitals (CAH), however specific trends will have greater implications given CAH's small scale, limited volume, and challenging market characteristics as well as a disproportionate reliance on government payments results in many having modest assets and financial reserves



Changes to regulations are uncertain



Contraction of inpatient volumes



Chronic Disease and Care Management across the continuum



Consolidation of providers



Compression of margins

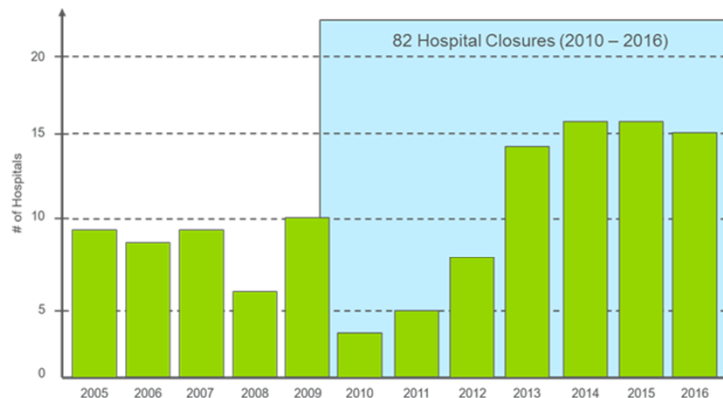


Consumerism comes to healthcare



Competing on value

**Rural Hospital Closures by Year
(2005 – 2016)**



Today, 430 rural hospitals across are at high risk of closing based on their total operating margin, days cash on hand, and debt-to-capitalization ratio

Source: AHA 2017, CMS.gov, HFMA, Navigant research and analysis. Note: Years in chart are non-sequential.

BE PART OF THE SOLUTION FOR NEW PATHWAYS TO GROWTH

BECKER'S
HOSPITAL REVIEW

“The No. 1 takeaway from the 2019 JP Morgan Healthcare Conference: It's the platform, stupid”

January 11, 2019

“...*Moving from Being a Healthcare Provider to Creating a Platform for Health and Healthcare in Your Community*...”

Your Action Plan — 6 Ideas from 25 Healthcare Delivery Systems on How to Leverage Your “Platform”

1. *Create the Digital Front Door* — or Someone Else Will
2. *Drive Affordability and Reduce Cost* — or Risk Being the Problem
3. *Tackle Social Determinants of Health* — or You Won't Be the Hub for Health in Your Community
4. *Create Partnerships for Healthcare Innovation* — or Lose the Upside
5. *Become the Hub for Targeted Services and Chronic Conditions* — or They Will Go Elsewhere
6. *Leverage Applied Analytics* — or You'll Lose Your Way

...While leveraging a platform as a business strategy is new to healthcare providers, the good news is that building blocks are already in place. It's time to leverage that platform to drive better outcomes and more affordable care in the community. And now is the time to get started.”

WHAT ARE SUCCESSFUL CRITICAL ACCESS HOSPITALS DOING?

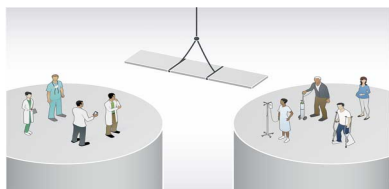


BUILDING CAPABILITIES ACROSS THE CARE CONTINUUM

In order to manage population health, providers are building their capabilities across the care continuum



Healthcare of Yesterday: Acute Care Focus

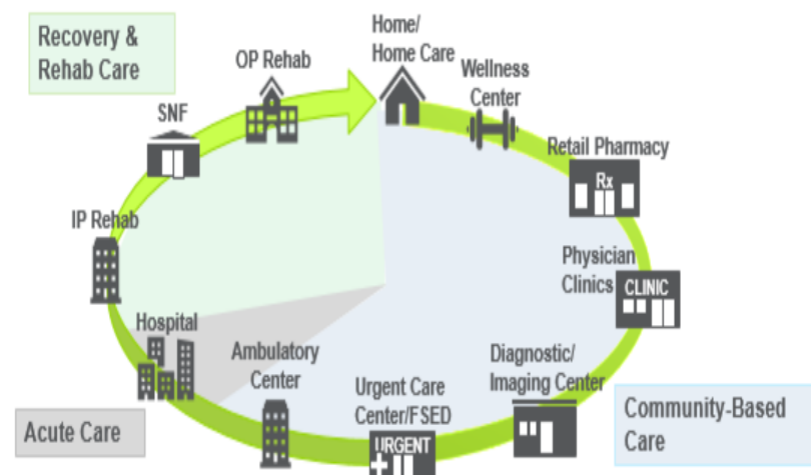


- Acute care focus
- Volume-driven incentives
- Little attention paid to quality of life
- Limited quality and price transparency
- Limited coordination across care continuum
- Expensive

Healthcare of the Future: Focus on Managing Health Across the Care Continuum



- Reduce lifetime burden of illness by delaying the onset of chronic illness
- Minimize interactions with the acute care system & incorporate prevention and disease management into clinical care plan
- Focus on interventions in the community



BUILDING CAPABILITIES ACROSS THE CARE CONTINUUM

CAH's are redesigning care by implementing initiatives to reduce healthcare costs, improve quality and population health management



CAH Care Redesign Strategies

Medical Homes

- As one of the primary sources of care in their local delivery system, rural and critical access hospitals are positioned to take the lead in patient-centered medical home (PCMH) initiatives
- PCMHs address some of the unique challenges that rural hospitals face such as staffing shortages, limited resources, and patient populations that are low-income or uninsured

Telehealth

- CAHs expand service offerings through telehealth by providing local access to specialty care
- Telehealth benefits:
 - Provides better access
 - Improves patient compliance
 - Lowers costs
- Examples of current telehealth at a CAH:
 - Digital mammography
 - Cardiologist follow-up appointments
 - Complex emergency cases

Prevention & Chronic Disease Management

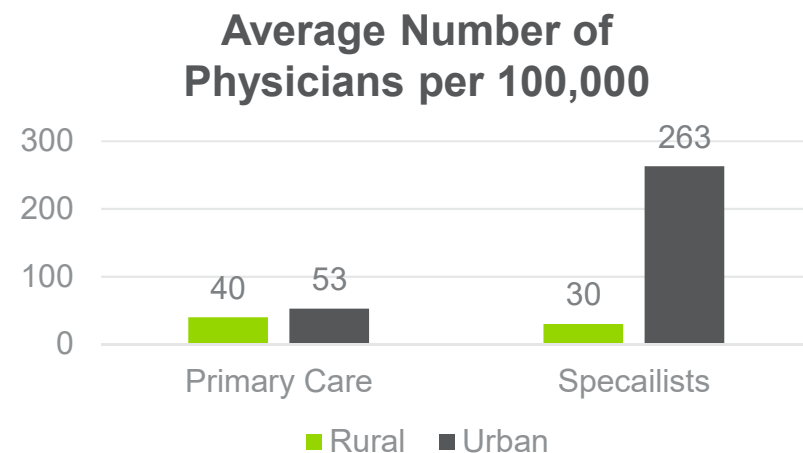
- Prevention and chronic disease management are critical components of value-based care delivery
- Wellness and prevention initiatives range from the development of employee wellness programs to broader community health initiatives
- Chronic disease management programs are focused on heart failure and COPD to reduce readmission penalties. Innovative approaches include shared medical appointments and Nurse Practitioner led clinics.

TOP OF LICENSE CARE

Rural physician shortages are a key driver in the development of new staffing models focused on top of license care



- The Association of American Medical Colleges (AAMC) projects shortages in both primary care and specialty physicians by 2025 and rural regions are expected to be the most impacted by these projected shortages
 - Average physician density in rural areas is much lower than in urban areas
- Top of license care can help address the impact of physician shortages
 - Research suggests advanced practice providers (APPs) lower costs and deliver guideline-based care
 - Cost of care for patients with nurse practitioner primary care provider was 11-29% less than the patients with a physician primary care provider
 - Researchers found that APPs were more likely to follow guidelines for COPD care, prescribing short-acting inhalers or oxygen therapy



Sources: AAMC, HRSA.gov, Ruralhealthweb.org.

PARTNERSHIPS/AFFILIATIONS

Successful CAHs have pursued a variety of partnerships to attract critical mass of lives, provide high quality care & manage population health



1

Collaborating with Local Community Organizations

Objective: Coordinate community health initiatives

Example:

- Kossuth Regional Healthcare (CAH in IA) developed the Kossuth Wellness Initiative by bringing together community employers, city officials, hospital board members and staff, and other community leaders to plan strategies and initiatives to improve the health of the community
- The Wellness Initiative includes health fairs, walking trails, and health screenings

2

Partnering with Local Providers

Objective: Coordinate transitions of care and address underlying health care needs

Example:

- Abbeville Area Medical Center (CAH in SC) formed a joint venture with Abbeville County EMS and The SC Office of Rural Health to develop a Community Paramedicine program
- The program provides care coordination and home-based monitoring for patients in the community to reduce readmissions and ER visits

3

Affiliating with Regional/National Health Systems

Objective: Gain economies of scale

Examples:

- ~50% of CAHs are affiliated with an Integrated Delivery Network
- Example affiliations from Top 20 CAH list:
 - Carrington Health Center (ND) owned by Catholic Health Initiatives
 - Livingston HealthCare (MT) managed by Billings Clinic
 - Aspirus Ironwood Hospital & Clinics, Inc. (MI) and Aspirus Langlade Hospital (WI) owned by Aspirus System



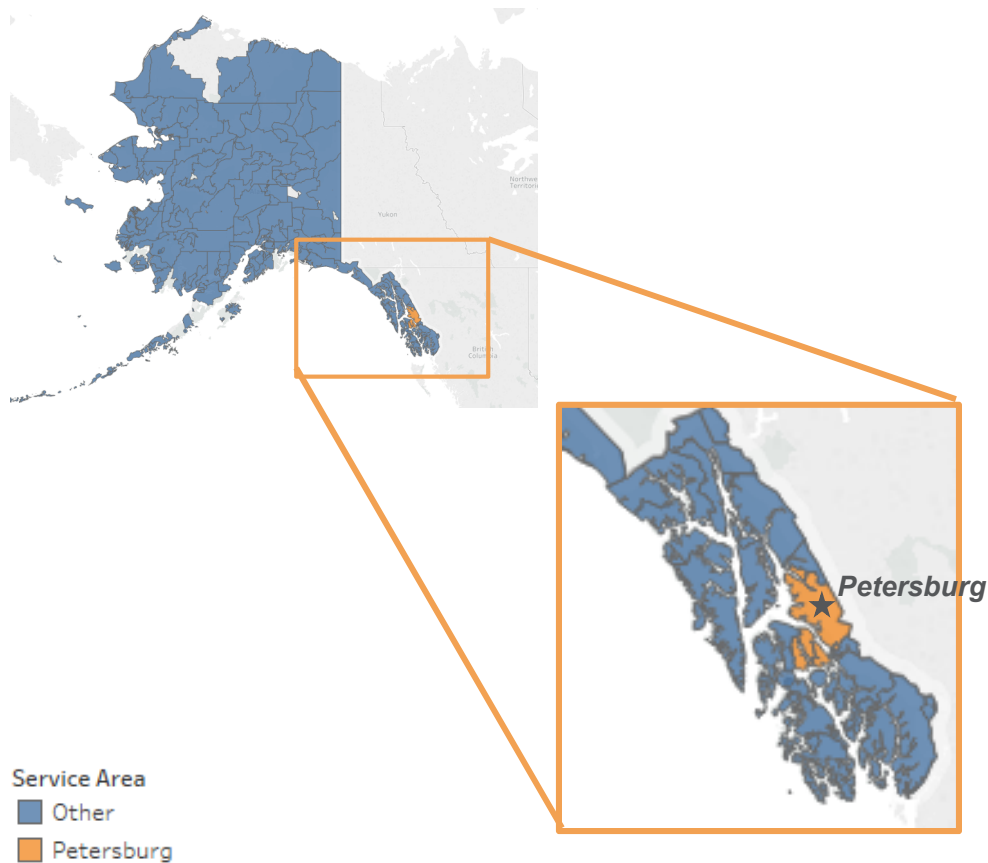
MARKET ASSESSMENT

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PMC'S SERVICE AREA IS EXPECTED TO SEE A 3% INCREASE IN % OF POPULATION 65+ IN THE NEXT 5 YEARS







Petersburg Service Area Definition

Zip = 99833 (Petersburg, AK)



Service Area Market Demographics

2019 - 2024

Metric	2019	2024
 Total Pop.	3,201	3,234
 % Pop. 65+	15.4%	18.4%
 IP Use Rate	66.5	68.5
 % Pop. Unemployed	3.9%	N/A
 Average Household Income	\$85,235	\$84,938
 # of Households	1,368	1,392

PETERSBURG IS EXPECTED TO EXPERIENCE SLOWER POPULATION GROWTH, RELATIVE TO THE STATE

Service Area Market Demographics 2019-2024

Service Area Population by Age Cohort	2019	2024	5 Year Growth		
			No.	Percent	CAGR
Age 0-17	721	733	12	1.7%	0.3%
Age 18-44	1,046	1,026	(20)	-1.9%	-0.4%
Age 45-64	940	879	(61)	-6.5%	-1.3%
Age 65-84	456	557	101	22.1%	4.1%
Age 85+	38	39	1	2.6%	0.5%
Service Area Total	3,201	3,234	33	1.0%	0.2%
Female Age 15-44	540	535	(5)	-0.9%	-0.2%

Service Area Population by Gender	2019	2024	5 Year Growth		
			No.	Percent	CAGR
Female	1,515	1,539	24	1.6%	0.3%
Male	1,686	1,695	9	0.5%	0.1%
Service Area Total	3,201	3,234	33	1.0%	0.2%

Service Area Population Density	2019	2024
Service Area Population	3,201	3,234
Service Area Square Miles	3,552.0	3,552.0
Population Density (Persons per Sq Mile)	0.9	0.9

Alaska Market Demographic Comparison 2019-2024

Statewide Population by Age Cohort	2019	2024	5 Year Growth		
			No.	Percent	CAGR
Age 0-17	185,752	187,260	1,508	0.8%	0.2%
Age 18-44	285,201	283,961	(1,240)	-0.4%	-0.1%
Age 45-64	183,447	177,040	(6,407)	-3.5%	-0.7%
Age 65-84	80,985	101,967	20,982	25.9%	4.7%
Age 85+	6,508	7,284	776	11.9%	2.3%
Total	741,893	757,512	15,619	2.1%	0.4%
Female Age 15-44	146,069	146,201	132	0.1%	0.0%

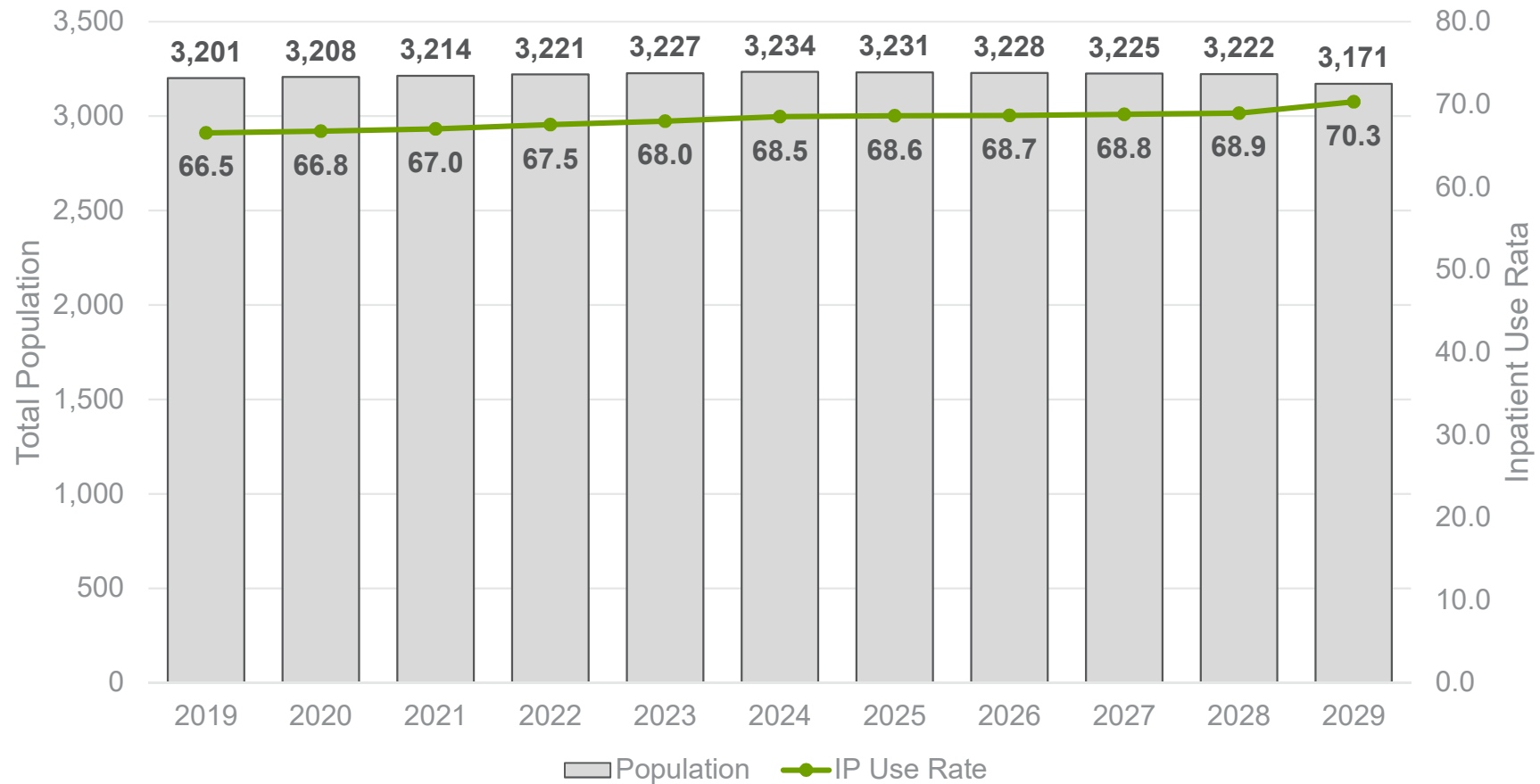
State Population by Gender	2019	2024	5 Year Growth		
			No.	Percent	CAGR
Female	354,459	363,360	8,901	2.5%	0.5%
Male	387,434	394,152	6,718	1.7%	0.3%
Service Area Total	741,893	757,512	15,619	2.1%	0.4%

State Population Density	2019	2024
Service Area Population	741,893	757,512
Service Area Square Miles	574,136	574,136
Population Density (Persons per Sq Mile)	1.3	1.3

PETERSBURG POPULATION AND INPATIENT USE RATES ARE PROJECTED TO REMAIN RELATIVELY STAGNANT

Service Area Population and Projected Use Rates

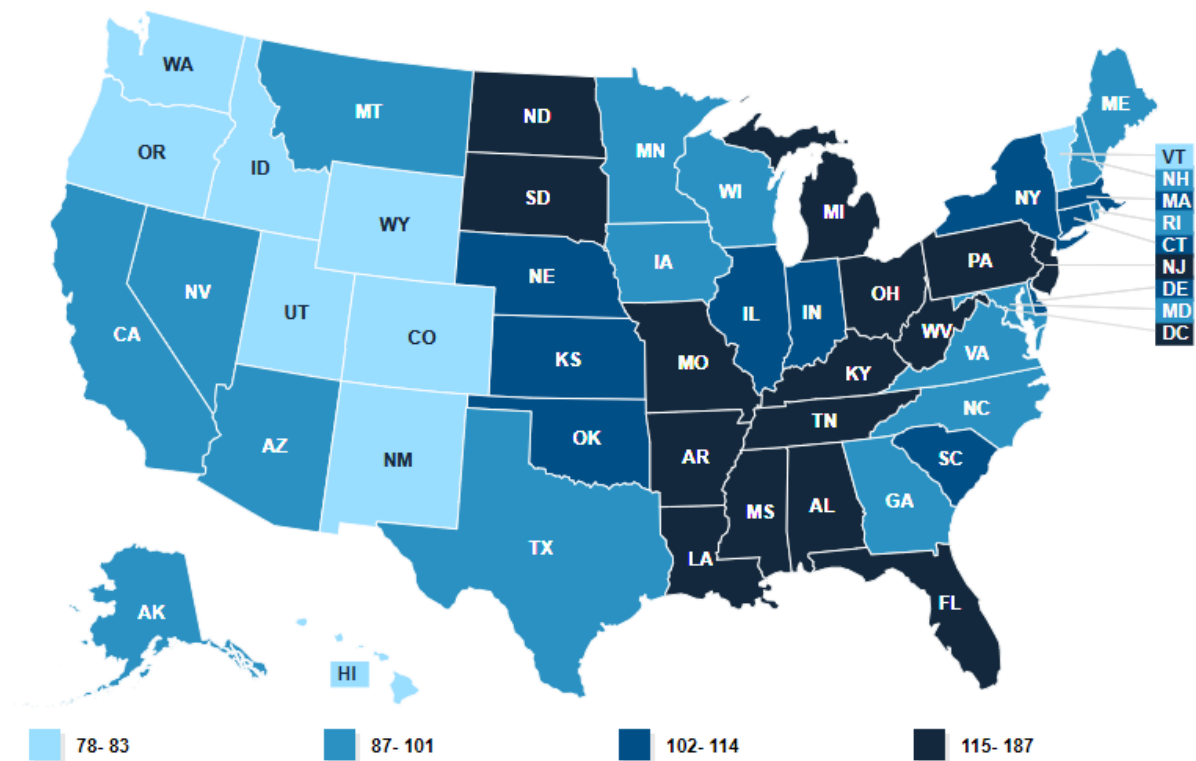
2019-2024



PETERSBURG SERVICE AREA INPATIENT USE RATES ARE LOW RELATIVE TO STATE AND NATIONAL BENCHMARKS

- Alaska inpatient use rates per 1K population declined from 85 in 2008 to 69 in 2016.
- Petersburg inpatient use rates are relatively low compared to state and national benchmarks (90 and 105 respectively).

Hospital Admissions (IP Use Rates) per 1,000 Population
2017



AK IP Use Rate per 1K (2017)	90
Petersburg IP Use Rate per 1K (2019)	67

PMC IS THE ONLY PROVIDER IN THE REMOTE SERVICE AREA HOWEVER OPPORTUNITY EXISTS TO ALIGN WITH SITES IN NEIGHBORING COMMUNITIES

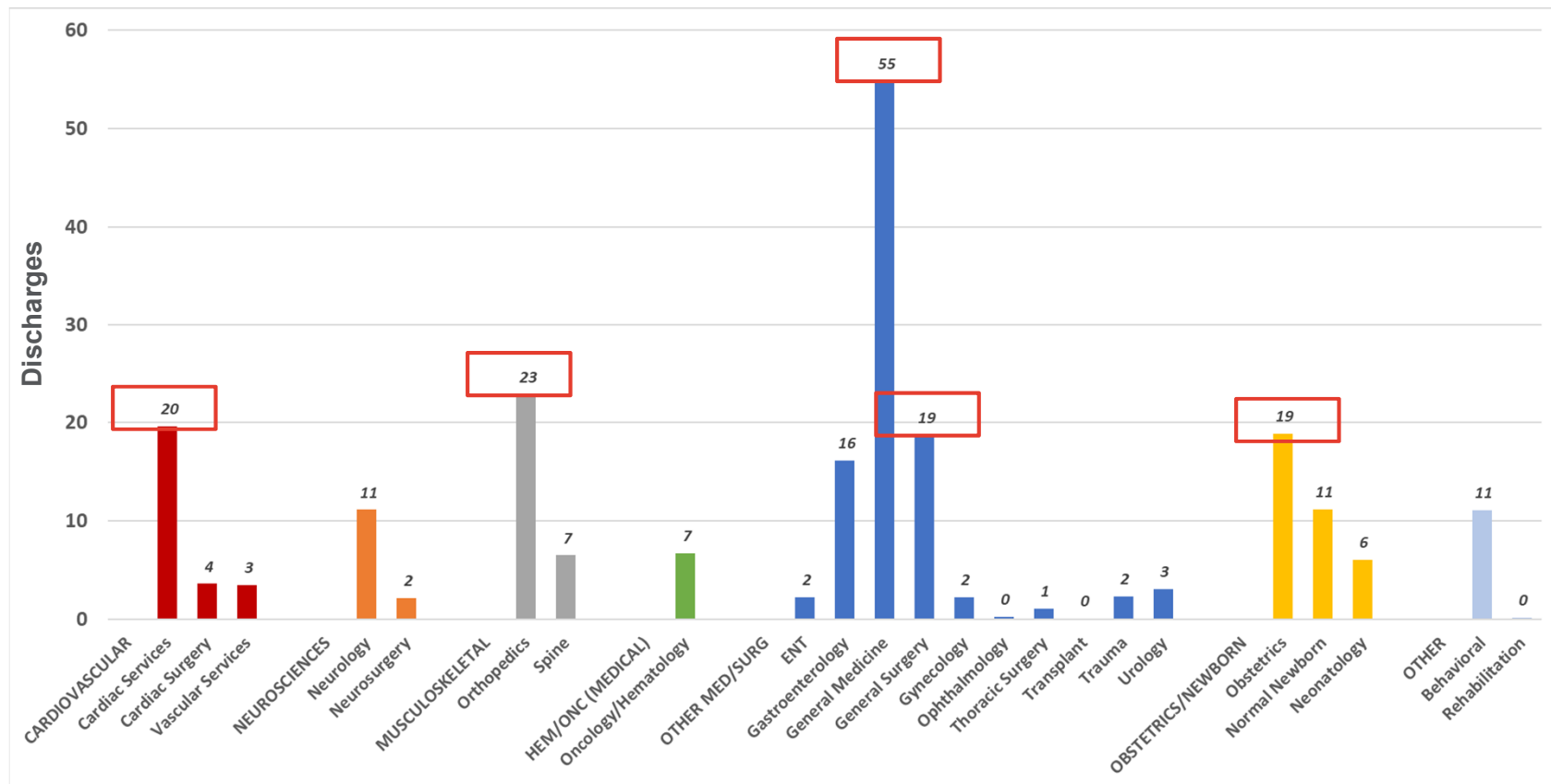
PMC's Competitive Landscape

- PMC is the **only provider in the remote service area**.
- Due to the remote location of Mitkof island, there is **no direct competition for acute primary care, urgent care, emergency or inpatient services**.
- However, the following list of facilities are **possible competitors for chronic care management and post acute care**:
 - Wrangell Medical Center (Wrangell, AK)
 - Ketchikan Medical Center (Ketchikan, AK)
 - Bartlett Regional Hospital (Juneau, AK)
 - Swedish Medical Group (Seattle, WA)
 - Virginia Mason Medical Center (Seattle, WA)



GENERAL MEDICINE, ORTHOPEDICS, CARDIAC, OB AND GENERAL SURGERY ARE THE HIGHEST IP VOLUME DRIVERS IN THE SERVICE AREA

Service Area Estimated Inpatient Market Volume by Service
2019



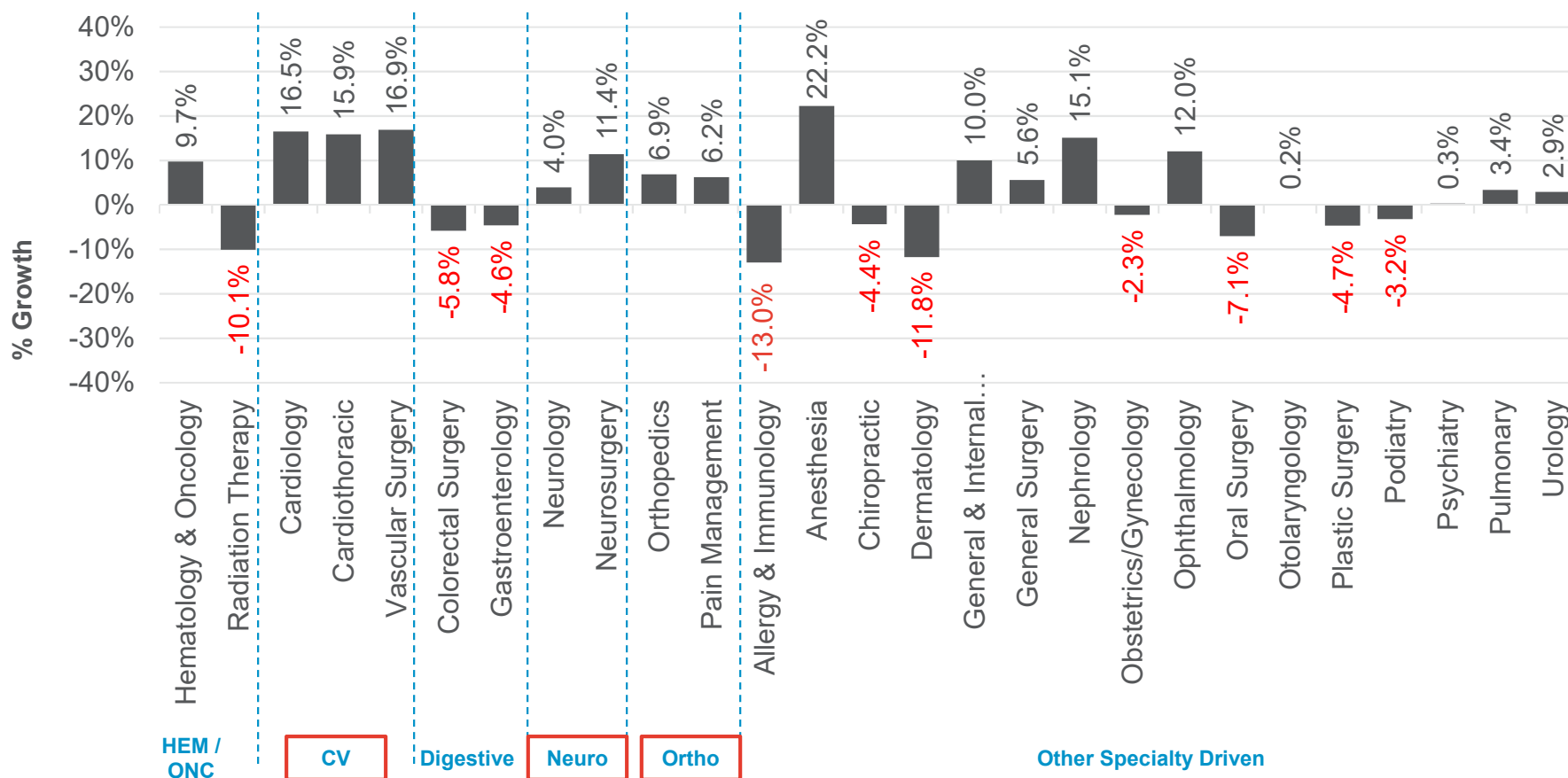
THE INPATIENT MARKET IS EXPECTED TO GROW LESS THAN 1% PER YEAR – DUE TO AN AGING POPULATION AND RELATIVELY FLAT POPULATION GROWTH

Service Area Estimated Inpatient Market Growth by Service Line
2019-2029



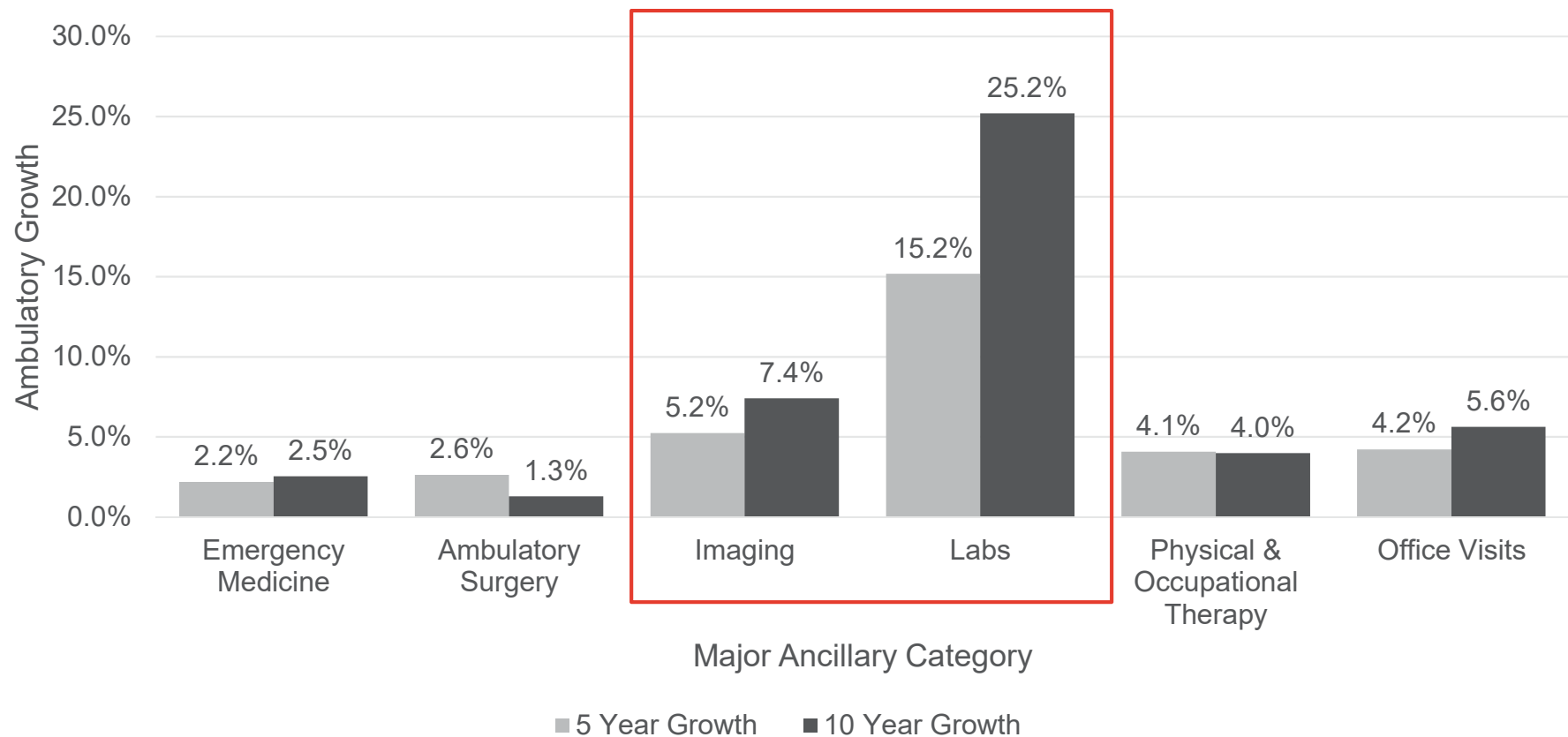
OVERALL OUTPATIENT VOLUME WILL GROW SLIGHTLY MORE THAN INPATIENT VOLUME IN THE NEXT 5 YEARS

Petersburg Estimated Outpatient 10-Year Volume Growth by Service
2018-2028



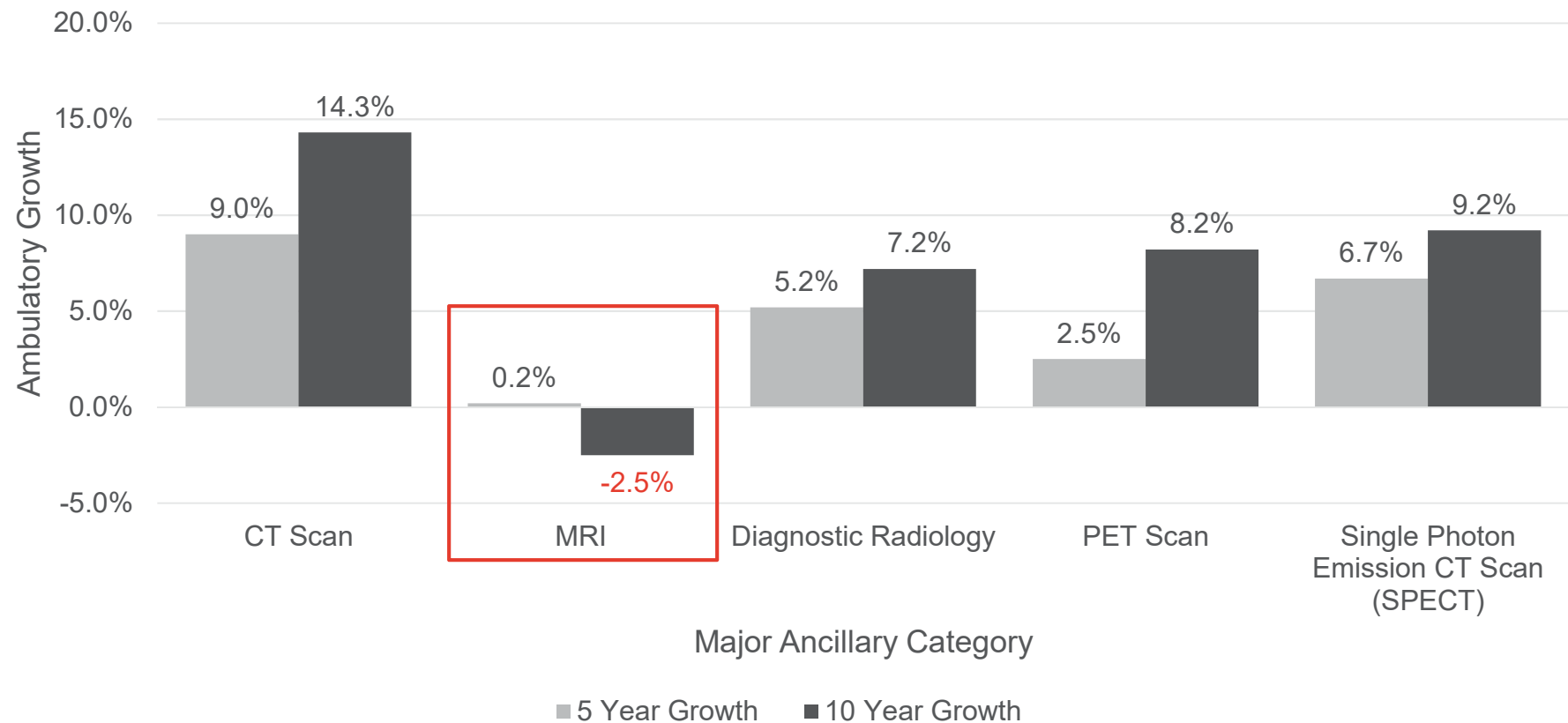
LABS AND IMAGING ARE EXPECTED TO EXPERIENCE SIGNIFICANT GROWTH OVER THE NEXT 5-10 YEARS

PMC PSA Estimated OP 5 & 10 Year Volume Growth by Major Ancillary Category
2018-2028



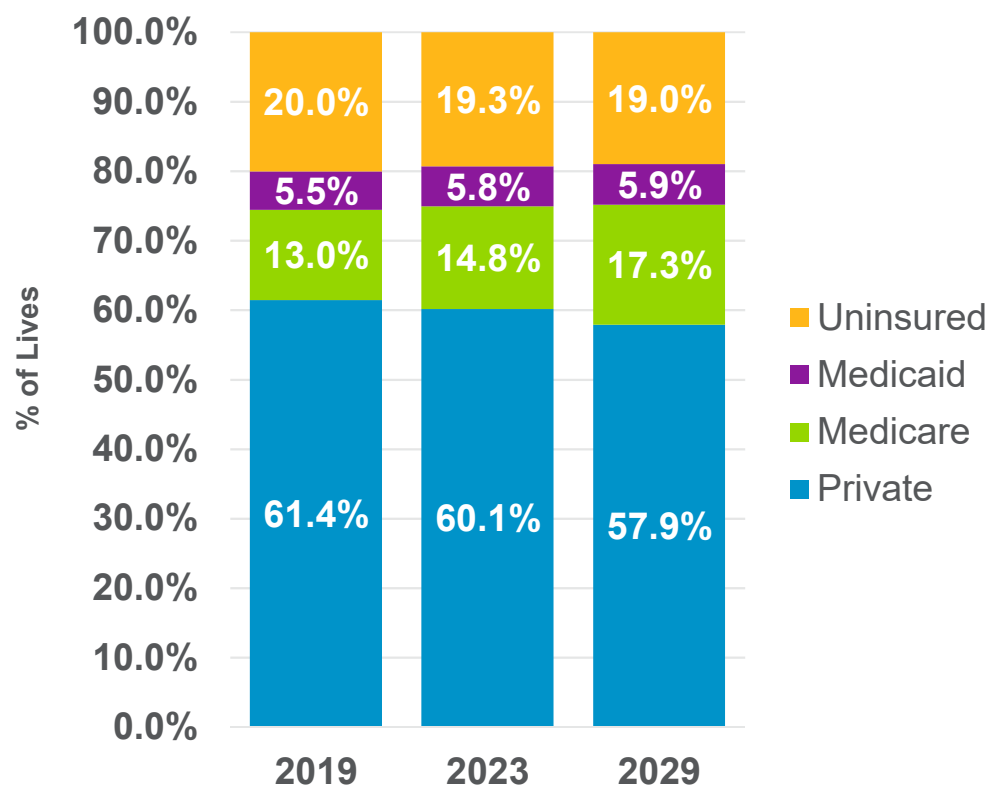
MAJORITY OF IMAGING / DIAGNOSTIC VOLUME WILL CONTINUE TO INCREASE, HOWEVER MRI SCANS ARE PROJECTED TO DECLINE OVER THE NEXT 10 YEARS

PMC PSA Estimated OP 5 & 10 Year Volume Growth by Imaging / Diagnostic X-Ray Modality
2018-2028



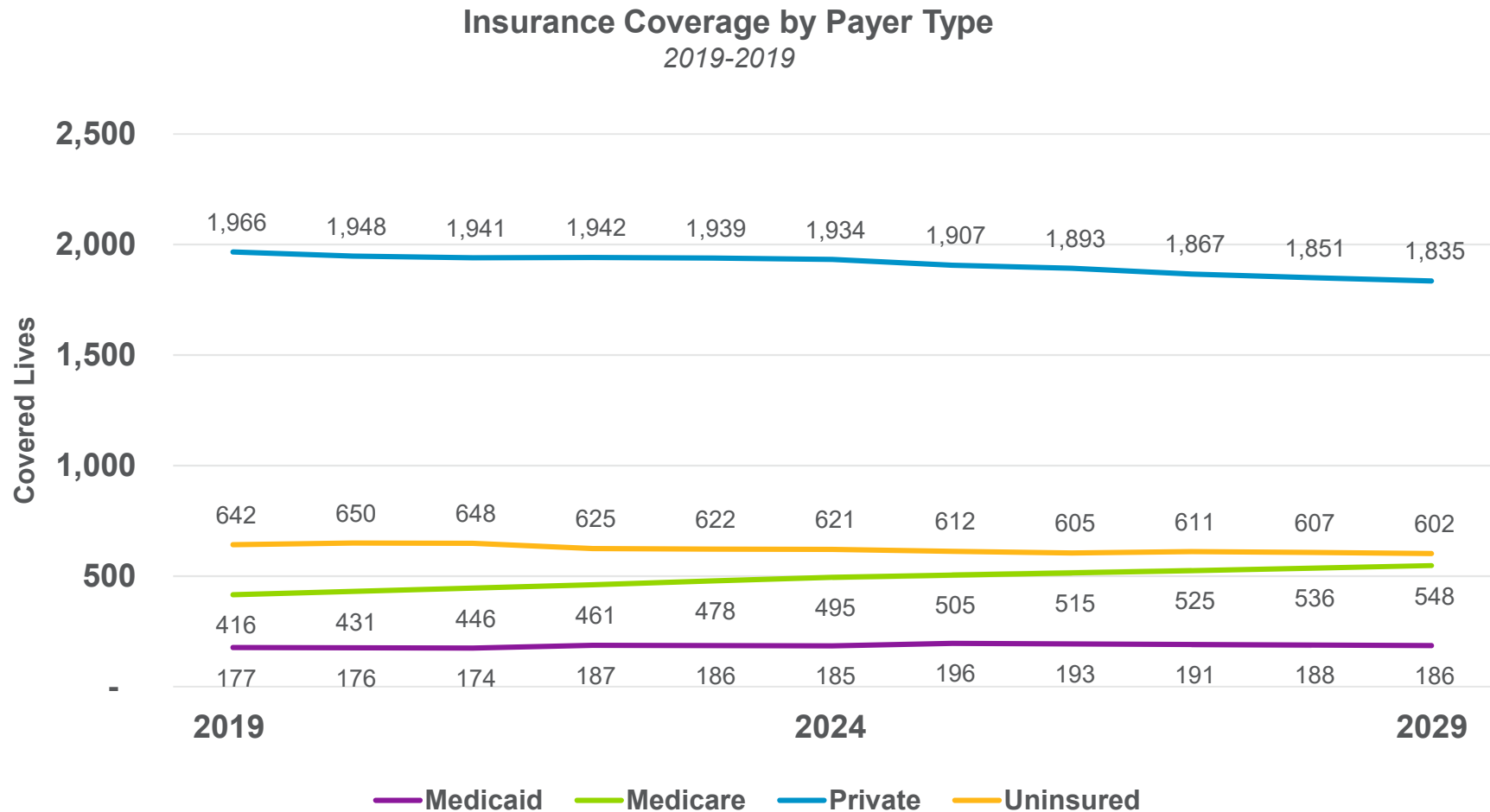
% OF MEDICARE PATIENTS IS PROJECTED TO GROW IN THE SERVICE AREA, IN LINE WITH AN AGING POPULATION

Service Area Insurance Coverage by Payer Type
2019-2019



Payer Group	5 Year Point Change	10 Year Point Change
Uninsured	(0.9%)	(1.3%)
Medicaid	0.2%	0.6%
Medicare	2.3%	2.2%
Private	(1.6%)	(1.6%)

THE NUMBER OF PRIVATE LIVES IS PROJECTED TO DECREASE BY OVER 100 LIVES IN 10 YEARS



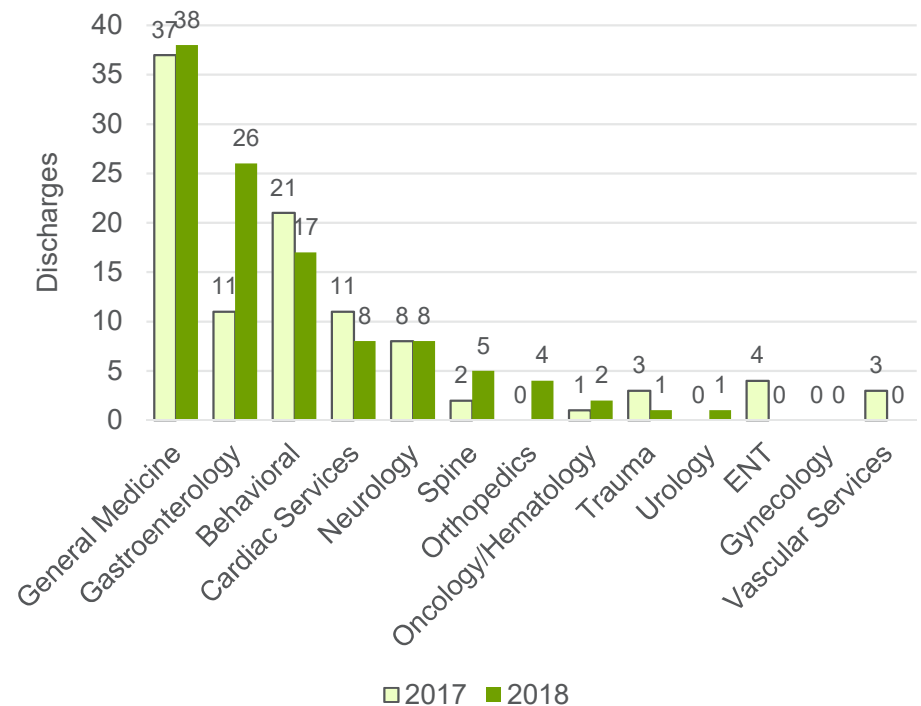


INTERNAL SITUATION ASSESSMENT

GENERAL MEDICINE, GI, BEHAVIORAL HEALTH, AND CARDIAC SERVICES REPRESENT THE HIGHEST INPATIENT VOLUME SERVICE LINES

PMC Inpatient Volume by Service Line
2017-2018

Service Line	Volume		% of Total PMC Volume	
	2017	2018	2017	2018
General Medicine	37	38	36.6%	34.5%
Gastroenterology	11	26	10.9%	23.6%
Behavioral	21	17	20.8%	15.5%
Cardiac Services	11	8	10.9%	7.3%
Neurology	8	8	7.9%	7.3%
Spine	2	5	2.0%	4.5%
Orthopedics	0	4	0.0%	3.6%
Oncology/Hematology	1	2	1.0%	1.8%
Trauma	3	1	3.0%	0.9%
Urology	0	1	0.0%	0.9%
ENT	4	0	4.0%	0.0%
Gynecology	0	0	0.0%	0.0%
Vascular Services	3	0	3.0%	0.0%
Total	101	110	100.0%	100.0%



GI, NEPHROLOGY, SUBSTANCE ABUSE, AND PULMONOLOGY REPRESENT THE LARGEST % OF PMC'S INPATIENT VOLUME

PMC Inpatient Volume by Detailed Service Line - 2017-2018

Service Line	Volume		% of Total Volume	
	2017	2018	2017	2018
Gastroenterology	11	26	10.9%	23.6%
Nephrology	5	13	5.0%	11.8%
Substance Abuse	15	13	14.9%	11.8%
Pulmonology	17	11	16.8%	10.0%
Medical Spine	2	5	2.0%	4.5%
Stroke/Cerebrovascular	6	5	5.9%	4.5%
Medical Cardiology - Heart Failure	6	4	5.9%	3.6%
Psychiatry	6	4	5.9%	3.6%
Dermatology	5	3	5.0%	2.7%
Endocrinology	4	3	4.0%	2.7%
Infectious Disease	2	3	2.0%	2.7%
Other General Medicine	2	3	2.0%	2.7%
Epilepsy/Headache	0	2	0.0%	1.8%
General Medical Orthopedics	0	2	0.0%	1.8%
Medical Cardiology - AMI	2	2	2.0%	1.8%
Medical Cardiology - Other	3	2	3.0%	1.8%
Medical Trauma (Orthopedics)	0	2	0.0%	1.8%
Oncology (Medical)	1	2	1.0%	1.8%
Rheumatology	2	2	2.0%	1.8%
Body Injuries	3	1	3.0%	0.9%
Degenerative Disorders	2	1	2.0%	0.9%
Urinary System (Medical)	0	1	0.0%	0.9%
Other Vascular	3	0	3.0%	0.0%
Otology	4	0	4.0%	0.0%
Total	101	110	100.0%	100.0%

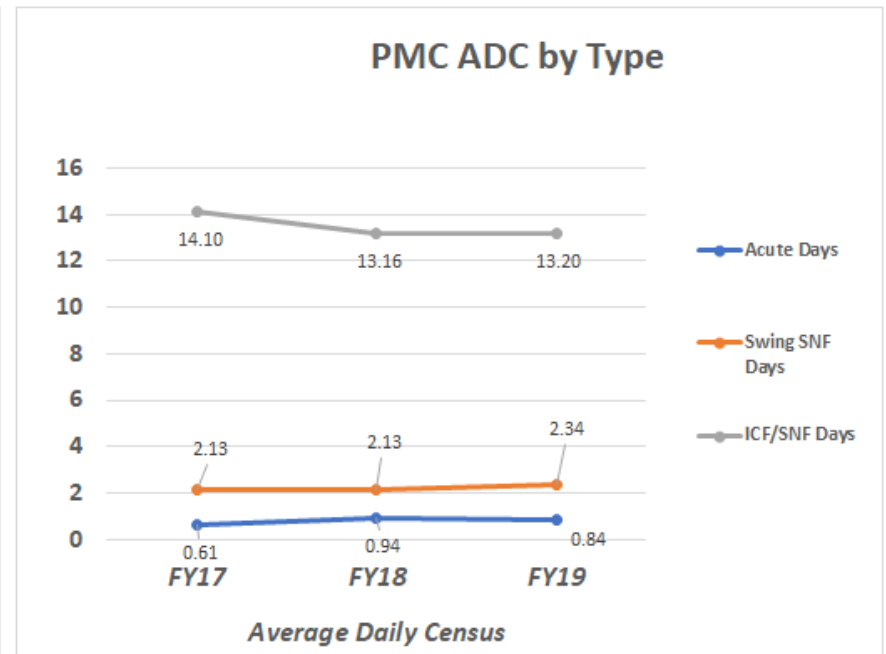
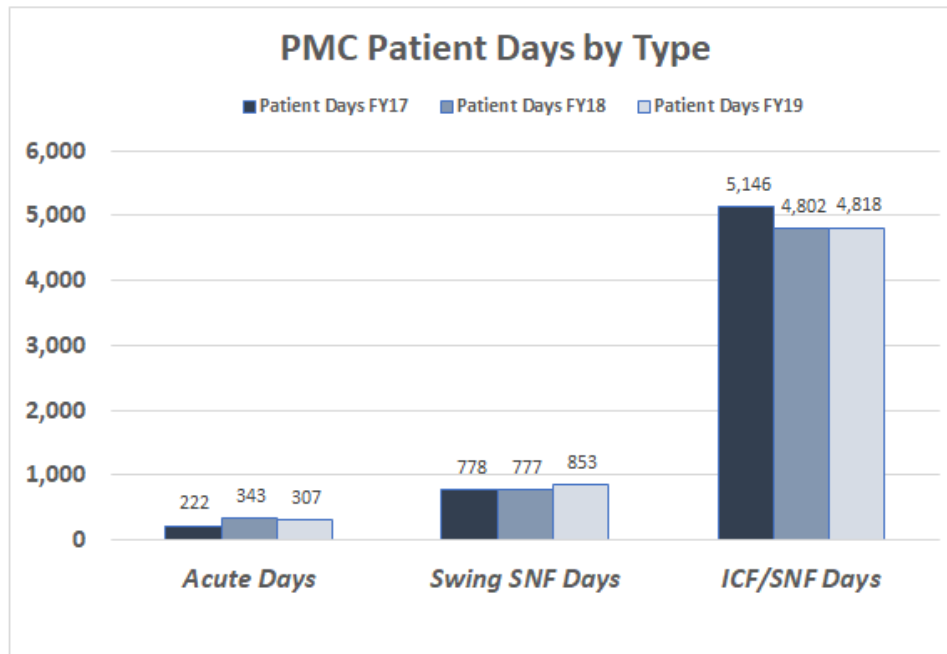
ANCILLARY SERVICES STATISTICS

PMC Ancillary Volume by Service 2017-2018

Service	2017	2018	Volume Difference 2017- 2018	% Difference 2017-2018
Ultrasound Exams	434	-	N/A	N/A
Mammography Exams	193	178	-15	-8.4%
X-Ray	1,143	1,130	-13	-1.2%
CTs	285	314	29	9.2%
Physical Therapy	10,453	12,196	1,743	14.3%
Home Health	245	1,145	900	78.6%
ER Outpatient	744	773	29	3.8%
ER Observation	113	107	-6	-5.6%
Surgery	55	51	-4	-7.8%
Clinic Visits	9,677	9,674	-3	0.0%
Treatment Room Visits	473	647	174	26.9%

PATIENTS DAYS HAVE SLIGHTLY INCREASED RECENTLY, BUT ACUTE ADC IS STILL BELOW 1.0

- The majority of patient days at PMC are long-term care days
- Acute ADC has remained below 1.0



PROVIDER SUMMARY

Provider Summary *July 2019*

Total Number of Providers	13 <i>(7 MD, 5 DO, 1 PA)</i>
Number of Specialists	2 <i>(1 Orthopedic Surgery, 1 General Surgery Endoscopy)</i>
# of Providers Representing 85% of Total PMC Admissions	4

PMC COMMUNITY HEALTH NEEDS ASSESSMENT – EXECUTIVE SUMMARY (FY 2018)

Strengths	<ul style="list-style-type: none"> • PMC is a vital function in the community and provides quality care • PMC is in a stable state and is an important employer in the community • PMC provides uncompensated health benefits
Weaknesses	<ul style="list-style-type: none"> • Ambivalence in the “replace” vs. “remodel” decision • Borough relationship is unclear • Financing under Borough umbrella constraining • Satisfaction with PMC vs. other Borough services is not high • Concerns with care & management • Borough population in decreasing and economy lacks diversity • AK is not in a strong financial position
Opportunities	<ul style="list-style-type: none"> • Transparency appreciated during interviews • Land potentially available that could be used for a building site • Build the hospital we want • Consider adding services that could expand market demand • Opportunities for old building
Opportunities & Threats	<ul style="list-style-type: none"> • PMC is thought of a “Band Aid” facility • Wrangell Medical Center is also working towards replacement • Consider affiliation partner • Consider change in scope of service
Threats	<ul style="list-style-type: none"> • Petersburg Borough not supportive of increase in taxes and new buildings • Medicaid funding at risk • Petersburg residents often leave town for healthcare
Recommendations	<ul style="list-style-type: none"> • Strategic analysis of PMC operations • Develop and implement a community engagement plan • Develop a financing proposal • Develop preliminary facility design • Develop a timeline for remodel/replacement process



BED NEED FORECAST

PMC BED NEED FORECAST (ACUTE + SWING)

PMC currently operates 12 acute + swing beds

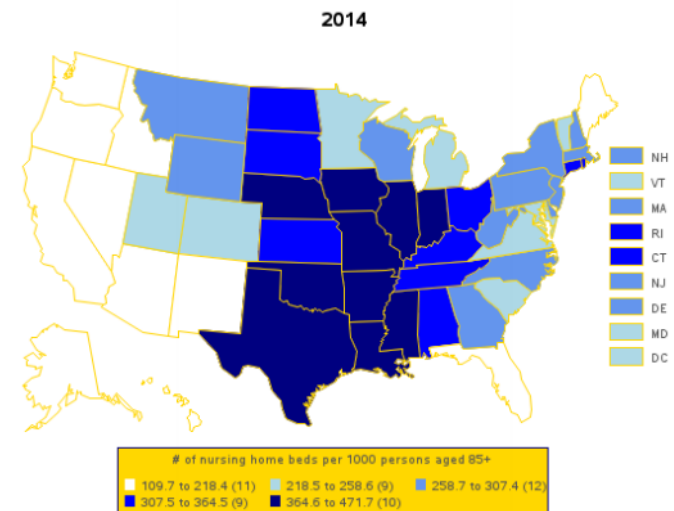
- PMC current acute ADC is approximately 0.8
 - Swing bed census is approximately 2.5
- FY19 data used***

PMC Total ALL AREAS											
Service Line	Average Daily Census										
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
	Actual	Projected									
Service Line											
Med/Surg	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.8	0.8	0.8
Ob	-	-	-	-	-	-	-	-	-	-	-
Newborn	-	-	-	-	-	-	-	-	-	-	-
Behavioral	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Total	0.8	0.8	0.8	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9
Swing Bed Days	2.3	2.4	2.4	2.4	2.4	2.4	2.5	2.5	2.5	2.5	2.5
Total	3.2	3.2	3.2	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.4

Navigant's forecast suggest a very slight increase in acute + swing bed need over the next several years; the current 12 bed complement appears to be sufficient

PMC BED NEED FORECAST (SNF)

- PMC currently operates a 15 bed SNF
 - **Current ADC is 13.2, suggesting the SNF is at/near capacity**
- Alaska, in general, has a relatively low number of SNF Beds Per 1,000 suggesting potential for unmet need (as well as low utilization)
- Given the fairly unusual community dynamics in Petersburg (low IP utilization, high degree of isolation), Navigant has chosen to grow SNF bed need by growing it at the same rate as the 65+ Population in Petersburg



Source: CASPER, U.S. Census
Numbers in parentheses in legend indicate number of states in a given category
Boxes to the right of the map indicate color categories for small Eastern states

PMC BED NEED FORECAST (SNF)

- Unconstrained by current facility size, Navigant forecasts SNF ADC to grow to nearly 20 by 2029:

PMC Total ALL AREAS											
Bed Type	Bed Need										
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
	Projected										
Petersburg SNF											
Patient Days	4,818	5,002	5,194	5,392	5,599	5,813	6,035	6,266	6,506	6,755	7,013
<i>Average Daily Census</i>	13.2	13.7	14.2	14.8	15.3	15.9	16.5	17.2	17.8	18.5	19.2
Population Age 65+ in Petersburg	494	513	533	553	574	596	619	642	667	693	719
Year over Year Change		3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%

PMC BED NEED FORECAST (SUMMARY)

- Acute + Swing bed need is estimated at 5 (suggesting the current 12 bed unit is more than sufficient)
- SNF bed need is forecast to grow to 22 by 2029

PMC Total ALL AREAS											
	Bed Need										
Bed Type	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
	Projected										
Desired Occupancy											
Acute + Swing (80% occupancy used)	4	4	5	5	5	5	5	5	5	5	5
SNF (90% occupancy used)	15	16	16	17	18	18	19	20	20	21	22

ANCILLARY ROOM NEED

Modality	Current Year Procedure Volume	10 Year % Growth	10 Year Procedure Volume	Procedure Time (min)	Daily Utilization	Hours per Day	Days Per Year	Total Capacity per Room/ Machine Per Year	Actual Room/ Machine Need
CT	323	14.3%	369	60	80%	9	252	1,814	1
Mammography	217	2.0%	221	30	80%	9	252	3,629	1
Ultrasound	434	4.7%	455	60	80%	9	252	1,814	1
X-Ray	1,140	7.2%	1,222	15	80%	9	252	7,258	1
DEXA Bone Density	47	12.3%	53	60	80%	9	252	1,814	1
ED*	870	2.5%	892	n/a	n/a	n/a	n/a	1,300	1
OP Surgery	51	3.9%	53	120	80%	10	252	1,008	1
Endoscopy**	61	2.1%	62	90	80%	10	252	1,344	1

*ED, Including Observation

**Data Unavailable, Market Total was used representing 100% Market Share



FINANCIAL PROJECTIONS AND DEBT CAPACITY

FINANCIAL FORECAST AND DEBT CAPACITY - OVERVIEW

- Navigant has made a baseline financial model to estimate debt capacity; This model uses a constant market share model to estimate patient volumes into the future
- Expense and revenue ratios rely on recent historical financial performance to forecast near term financial performance
- The FY20 Budget provided by PMC is used as the base year for the financial projections. It is slightly below breakeven from an operating margin perspective (-2.1%) and approximately breakeven (-0.4%) from a total margin perspective. This level of financial performance, in general, represents a slight improvement over recent years.

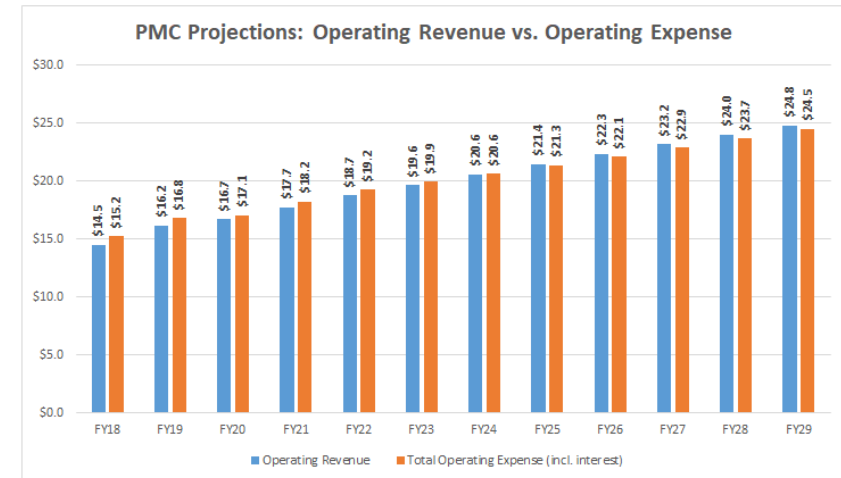
FINANCIAL FORECAST AND DEBT CAPACITY – FINANCIAL CONSIDERATIONS

- PMC's assets are nearly fully depreciated, so a **debt issuance of any size is likely to quickly put any typical leverage ratios into unfavorable ranges**
- For this reason, Navigant's analysis of debt capacity focuses on two areas:
 - What the **interest payments will do to PMC's operating income/margin**, and
 - How **easily PMC can afford the debt service** (principal and interest) required by the level of debt assumed
- For the purpose of estimating debt capacity, **it is assumed that the contemplated capital project will be entirely funded with debt** (PMC has ~100 days cash on hand and a limited assets balance of \$3.4M, so PMC has the ability to fund some of any project from funds on hand, but for purposes of this analysis 100% of project cost is estimated to be funded through debt)
- Based on recent work in the CAH segment, Navigant is assuming 30 year term on debt at 5.5%, beginning in 2021

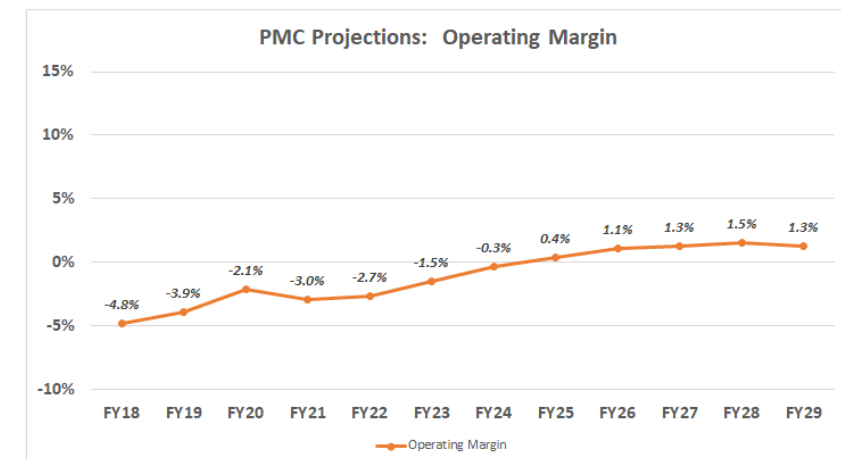
BASELINE FINANCIAL FORECAST RESULTS: INCOME STATEMENT AND MARGIN

Baseline
Financial Model
No Additional
Debt

- To help estimate PMC's debt capacity, Navigant has developed a **baseline financial model** to project PMC's performance
- This baseline model **assumes constant market share and no new debt**
- This model results in **slightly but consistently increasing margins** over the next few years
- FY2020 budget was used as the basis, although breakeven performance was not assumed – some of the large estimated decreases in operating expenses assumed in the budget were moderated
- EBIDTA is positive throughout the projection period



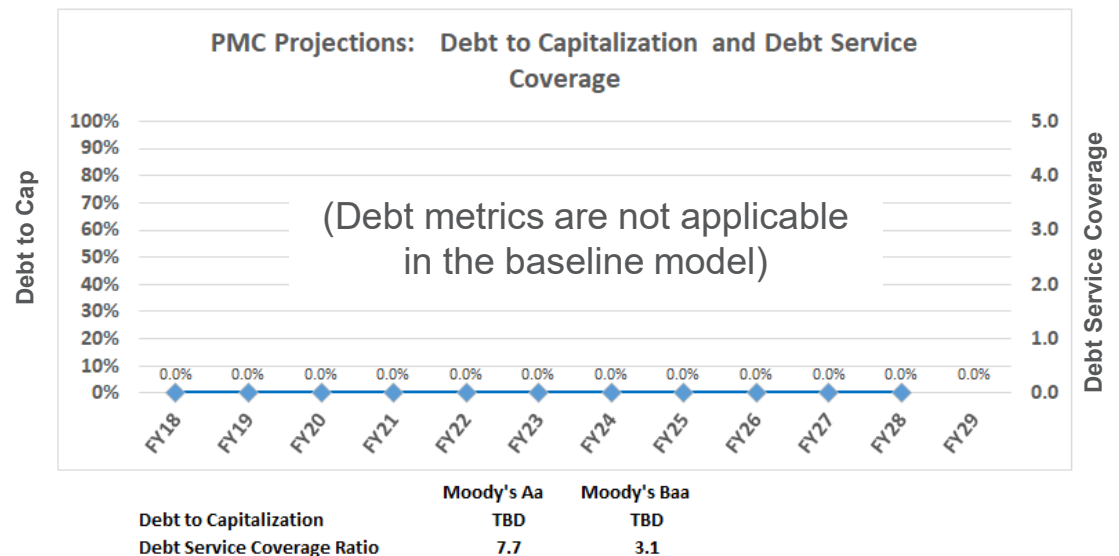
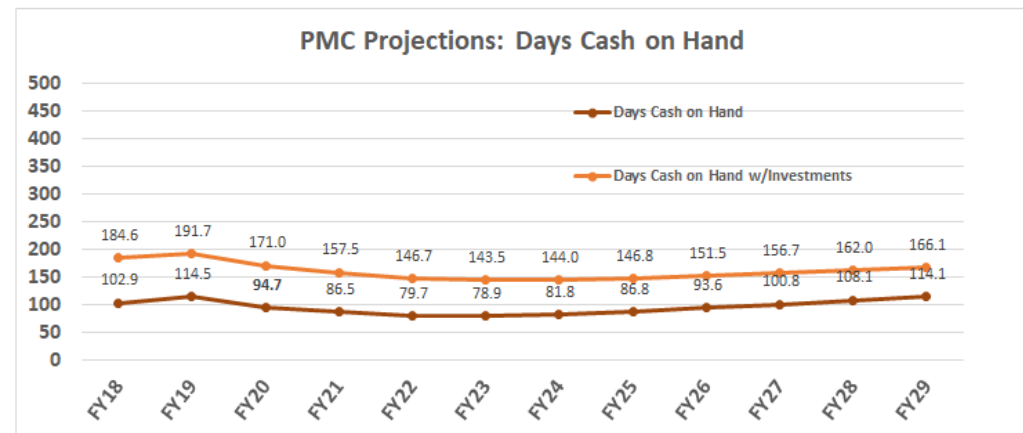
	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
Operating Margin	-17.9%	-4.8%	-3.9%	-2.1%	-3.0%	-2.7%	-1.5%	-0.3%	0.4%	1.1%	1.3%	1.5%
EBIDTA	\$1.4	\$1.7	\$1.8	\$1.9	\$2.0	\$2.3	\$2.6	\$2.9	\$3.1	\$3.3	\$3.5	\$3.5



BASELINE FINANCIAL FORECAST RESULTS: KEY METRICS

Baseline
Financial Model
**No Additional
Debt**

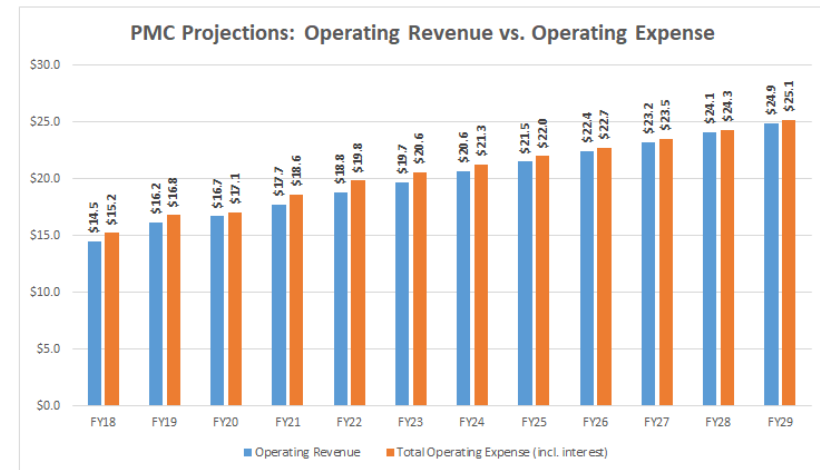
- Days cash slowly builds through this baseline scenario and is on a positive trajectory
- Limited capital spending (continuation of recent levels) is assumed in this baseline model



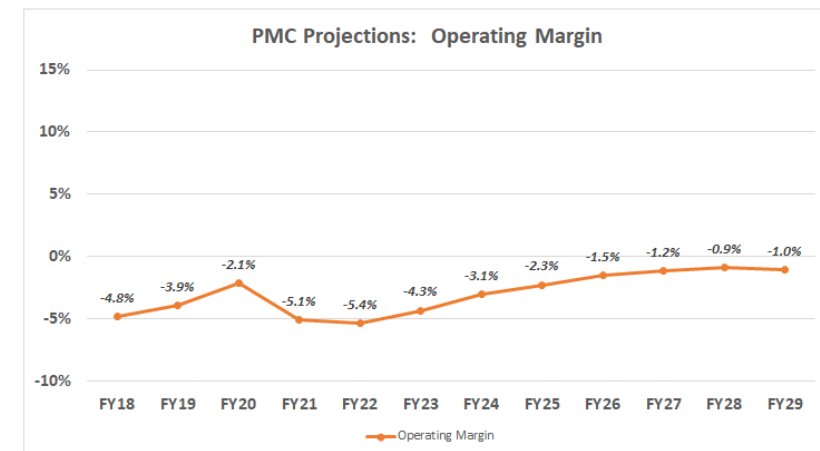
FINANCIAL FORECAST AND DEBT CAPACITY RESULTS: INCOME STATEMENT AND MARGIN

Debt Model
\$5.0M Debt
assumed

- Navigant's estimate of PMC's debt capacity is \$5.0M
- This results in negative operating margins initially after debt is issued, but these margins recover on a positive trajectory with the baseline assumptions (that assume no financial "bump" from the new facility project(s))
- EBITDA stays positive throughout the projection period



	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
Operating Margin	-17.9%	-4.8%	-3.9%	-2.1%	-5.1%	-5.4%	-4.3%	-3.1%	-2.3%	-1.5%	-1.2%	-0.9%
EBITDA	\$1.4	\$1.7	\$1.8	\$1.5	\$1.5	\$1.7	\$2.1	\$2.3	\$2.6	\$2.7	\$2.9	\$2.9



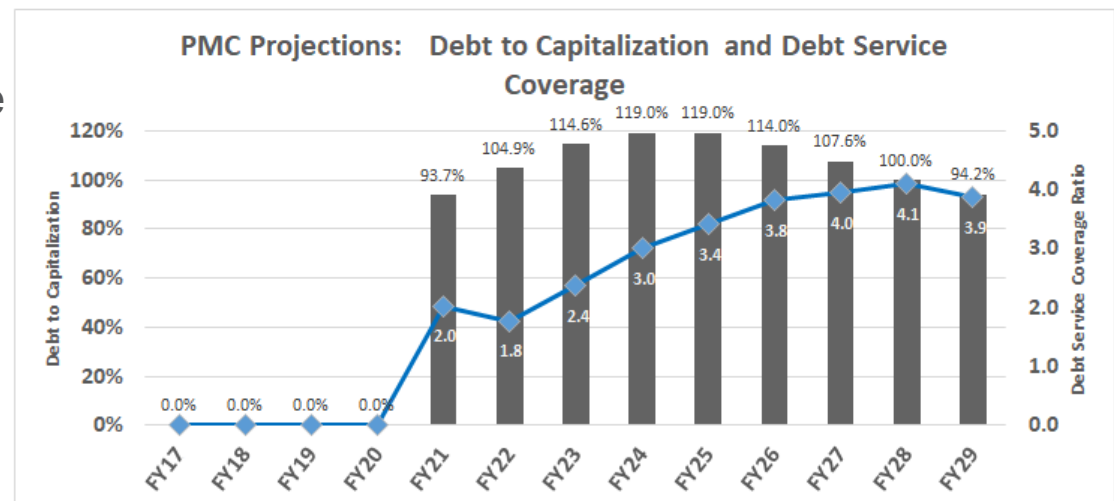
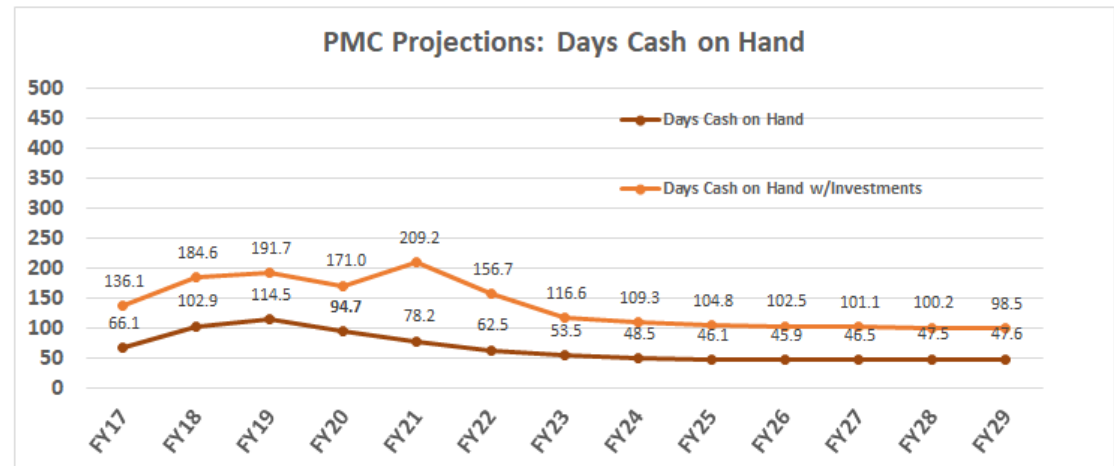
*Financial projections include
\$5.0M debt issue in FY21*

FINANCIAL FORECAST AND DEBT CAPACITY RESULTS: KEY RATIOS

Debt Model
\$5.0M Debt
assumed

- Navigant's updated estimate of PMC's debt capacity is **\$5.0M**
- Days cash drops initially but recovers to a positive trajectory in this scenario; including investments, it stays above 100
- Debt to capitalization ratio is going to be unfavorable because PMC's assets are mostly depreciated; debt service coverage is above 2.0 for the majority of the projection period

*Financial projections include
\$5.0M debt issue in FY21*





NEXT STEPS

NEXT STEPS FOR CONSIDERATION

After the execution of facility and financial analytics, PMC leadership transitioned to forward-thinking discussions regarding strategies on future funding opportunities.

- PMC met with Navigant's Dave Mosley to discuss interest in increased funding and cost saving scenarios
- Dave pursued conversations with the state to confirm interest in innovative solutions for PMC
- Dave Mosley to guide PMC in outlining ideas and related metrics, and engage with the state to cover the evaluation process.

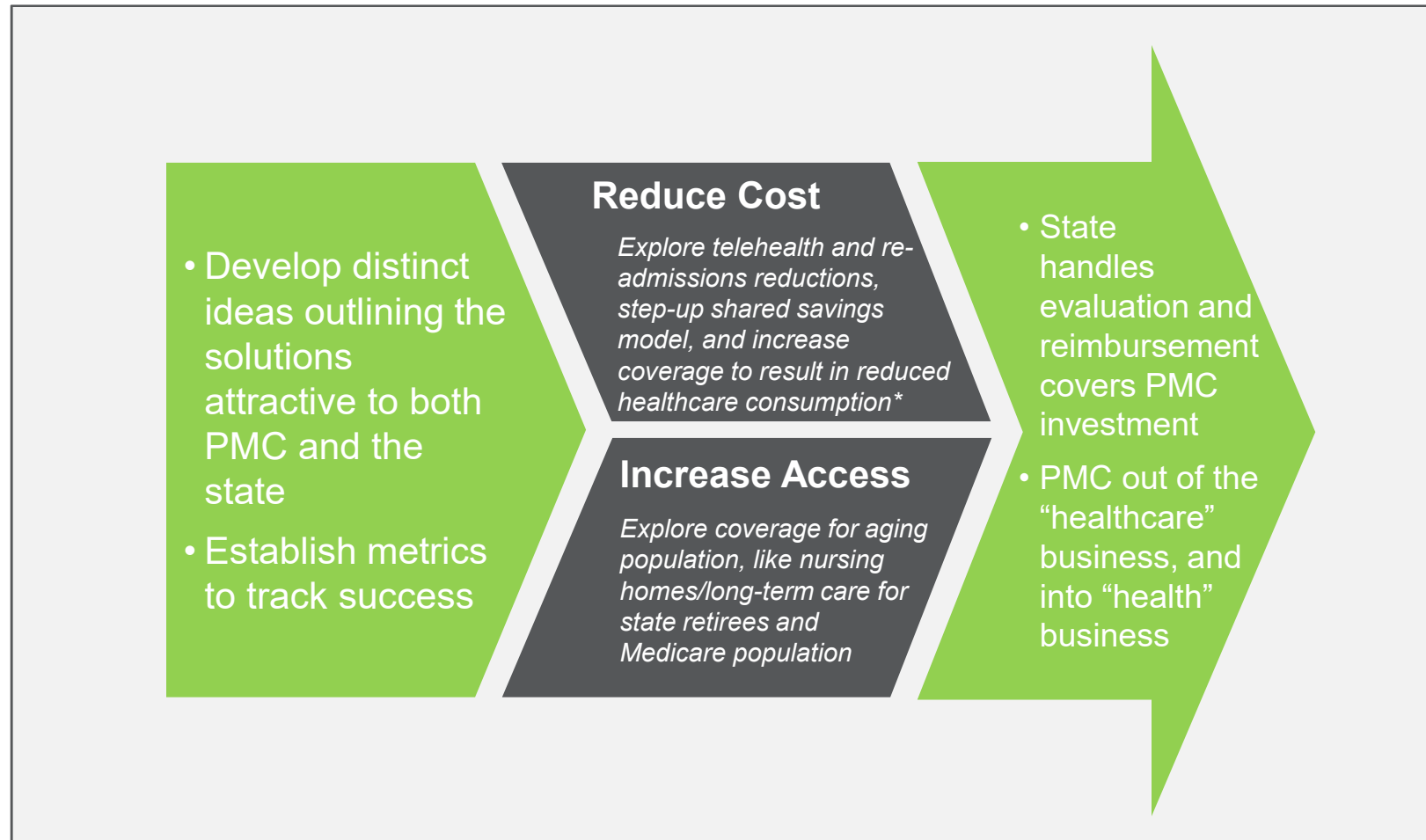


Dave Mosley

Managing Director

david.mosley@navigant.com

NEXT STEPS FOR CONSIDERATION (CONTINUED)





APPENDIX

Baseline
Financial Model
**No Additional
Debt**

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Source: PMC Values – Logo.

BASELINE FINANCIAL FORECAST RESULTS: BALANCE SHEET

Baseline
Financial Model
No Additional
Debt

	Actual Internal	Actual Internal	Modified Budget	Projected									
	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Assets													
Current Assets													
Cash and Cash Equivalents	\$ 4,105,198	\$ 5,044,238	\$ 4,231,497	\$ 4,141,799	\$ 4,046,714	\$ 4,156,308	\$ 4,467,949	\$ 4,916,690	\$ 5,500,645	\$ 6,141,097	\$ 6,828,142	\$ 7,468,963	\$ 8,045,237
Account Receivable	3,158,950	2,103,267	2,173,900	2,303,596	2,441,203	2,556,290	2,676,963	2,789,958	2,907,898	3,016,291	3,128,912	3,230,097	3,334,753
Inventory	210,499	225,007	231,757	246,355	261,920	270,947	280,286	289,950	299,950	310,298	321,004	332,083	343,548
Prepaid Expense and Other	343,809	157,718	167,236	178,652	188,748	195,376	202,266	209,346	216,701	224,251	232,090	240,131	248,475
Total Current Assets	7,818,456	7,530,230	6,804,391	6,870,402	6,938,586	7,178,921	7,627,465	8,205,945	8,925,194	9,691,937	10,510,148	11,271,275	11,972,012
NonCurrent Assets													
Capital Assets	21,265,616	21,852,352	22,552,352	23,252,352	23,952,352	24,652,352	25,352,352	26,052,352	26,752,352	27,452,352	28,152,352	28,852,352	29,552,352
Accum Dep	(16,907,266)	(17,597,777)	(18,347,777)	(19,079,027)	(19,791,996)	(20,487,140)	(21,164,906)	(21,825,728)	(22,470,029)	(23,098,223)	(23,710,712)	(24,307,888)	(24,890,136)
Capital Assets, net	4,358,350	4,254,575	4,204,575	4,173,325	4,160,356	4,165,212	4,187,446	4,226,624	4,282,323	4,354,129	4,441,640	4,544,464	4,662,216
Assets Limited as to Use	3,257,046	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734
Total non-Current Assets	7,615,396	7,658,309	7,608,309	7,577,059	7,564,090	7,568,946	7,591,180	7,630,358	7,686,057	7,757,863	7,845,374	7,948,198	8,065,950
Total Assets	15,433,852	15,188,539	14,412,700	14,447,461	14,502,676	14,747,866	15,218,645	15,836,303	16,611,251	17,449,800	18,355,522	19,219,473	20,037,963
Liabilities and Net Assets													
Current Liabilities													
Accounts Payable	\$ 569,164	\$ 679,006	\$ 444,596	\$ 474,946	\$ 501,787	\$ 519,408	\$ 537,725	\$ 556,547	\$ 576,099	\$ 596,172	\$ 617,010	\$ 638,388	\$ 660,570
Salaries and Wages Payable	381,119	419,293	425,942	455,018	480,734	497,615	515,163	533,195	551,927	571,158	591,122	611,603	632,854
Accrued Vacation/Sick Leave	601,480	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578
Due to 3rd Partry Payers	272,000	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080
Current Portion of Capital Lease	119,977	124,896	-	-	-	-	-	-	-	-	-	1	2
Current Portion of LTD	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Current Liabilities	1,943,740	2,470,853	2,118,196	2,177,622	2,230,179	2,264,681	2,300,546	2,337,400	2,375,684	2,414,987	2,455,790	2,497,650	2,541,085
Non-Current Liabilities													
Long term Portion of Capital Lease	280,269	155,373	-	-	-	-	-	-	-	-	-	-	-
Long Term Debt	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Pension and OPEB Liability	10,281,573	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911
Total Non Current Liabilities	10,561,842	11,749,284	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911
Total Liabilities	12,505,582	14,220,137	13,712,107	13,771,533	13,824,090	13,858,592	13,894,457	13,931,311	13,969,595	14,008,898	14,049,701	14,091,561	14,134,996
Net Assets	2,928,270	968,402	700,593	675,928	678,586	889,275	1,324,188	1,904,992	2,641,656	3,440,902	4,305,821	5,127,912	5,902,967
Total Liabilities and Net Assets	15,433,852	15,188,539	14,412,700	14,447,461	14,502,676	14,747,866	15,218,645	15,836,303	16,611,251	17,449,800	18,355,522	19,219,473	20,037,963

DEBT CAPACITY MODEL

RESULTS: INCOME STATEMENT DETAIL

Debt Model
\$5M Debt
assumed

Petersburg Medical Center													
Financial Modeling													
Projected Income Statement													
	Actual Internal	Actual Internal	Modified Budget	Projected									
	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Operating Revenues													
Net Patient Service Revenue	\$13,737,544	\$15,088,269	\$15,594,973	\$16,554,796	\$17,575,978	\$18,403,797	\$19,271,774	\$20,084,411	\$20,932,578	\$21,711,965	\$22,521,723	\$23,249,115	\$24,001,433
Other Operating Revenue	778,911	1,064,285	1,100,027	1,167,730	1,239,761	1,298,153	1,359,378	1,416,699	1,476,526	1,531,502	1,588,620	1,639,929	1,692,995
Total Operating Revenues	14,516,455	16,152,554	16,695,000	17,722,526	18,815,739	19,701,950	20,631,152	21,501,110	22,409,105	23,243,467	24,110,343	24,889,043	25,694,428
Operating Expenses													
Salaries and Wage	7,634,622	7,964,981	8,164,106	8,778,978	9,394,760	9,727,593	10,072,217	10,429,049	10,798,523	11,181,086	11,577,203	11,987,352	12,412,031
Benefits	2,669,853	3,104,577	3,250,000	3,523,742	3,801,909	3,968,702	4,142,542	4,323,717	4,512,530	4,709,295	4,914,338	5,127,998	5,350,628
Supplies	940,285	1,356,289	1,396,978	1,495,161	1,600,664	1,655,841	1,712,935	1,772,012	1,833,141	1,896,395	1,961,848	2,029,576	2,099,659
Pharmacy	446,273	492,195	500,000	509,516	538,637	557,450	576,922	597,078	617,940	639,534	661,886	685,022	708,969
Purchased Services	1,010,983	1,042,511	930,000	957,900	986,637	1,016,236	1,046,723	1,078,125	1,110,469	1,143,783	1,178,096	1,213,439	1,249,842
Utilities/Facility	781,819	824,809	880,000	906,400	933,592	961,600	990,448	1,020,161	1,050,766	1,082,289	1,114,758	1,148,200	1,182,646
Other Expense	1,076,833	1,295,875	1,180,602	1,421,829	1,509,535	1,580,633	1,655,180	1,724,975	1,797,820	1,864,759	1,934,306	1,996,779	2,061,393
Depreciation	658,752	704,281	750,000	781,250	812,969	845,145	827,766	810,822	794,301	778,194	762,489	747,177	732,247
Interest				247,500	244,083	240,478	236,675	232,663	228,430	223,965	219,253	214,283	209,039
Total Operating Expenses	15,219,420	16,785,518	17,051,685	18,622,276	19,822,786	20,553,678	21,261,408	21,988,601	22,743,922	23,519,300	24,324,176	25,149,825	26,006,455
Operating Income	(702,965)	(632,964)	(356,685)	(899,750)	(1,007,047)	(851,728)	(630,256)	(487,491)	(334,817)	(275,833)	(213,833)	(260,782)	(312,028)
Operating Margin	-4.8%	-3.9%	-2.1%	-5.1%	-5.4%	-4.3%	-3.1%	-2.3%	-1.5%	-1.2%	-0.9%	-1.0%	-1.2%
Non-Operating Revenues	180,184	383,092	281,638	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000
Overall Change in Net Position	(522,781)	(249,872)	(75,047)	(399,750)	(507,047)	(351,728)	(130,256)	12,509	165,183	224,167	286,167	239,218	187,972
Total Margin	-3.6%	-1.5%	-0.4%	-2.3%	-2.7%	-1.8%	-0.6%	0.1%	0.7%	1.0%	1.2%	1.0%	0.7%

DEBT CAPACITY MODEL RESULTS: BALANCE SHEET

Debt Model
\$5M Debt
assumed

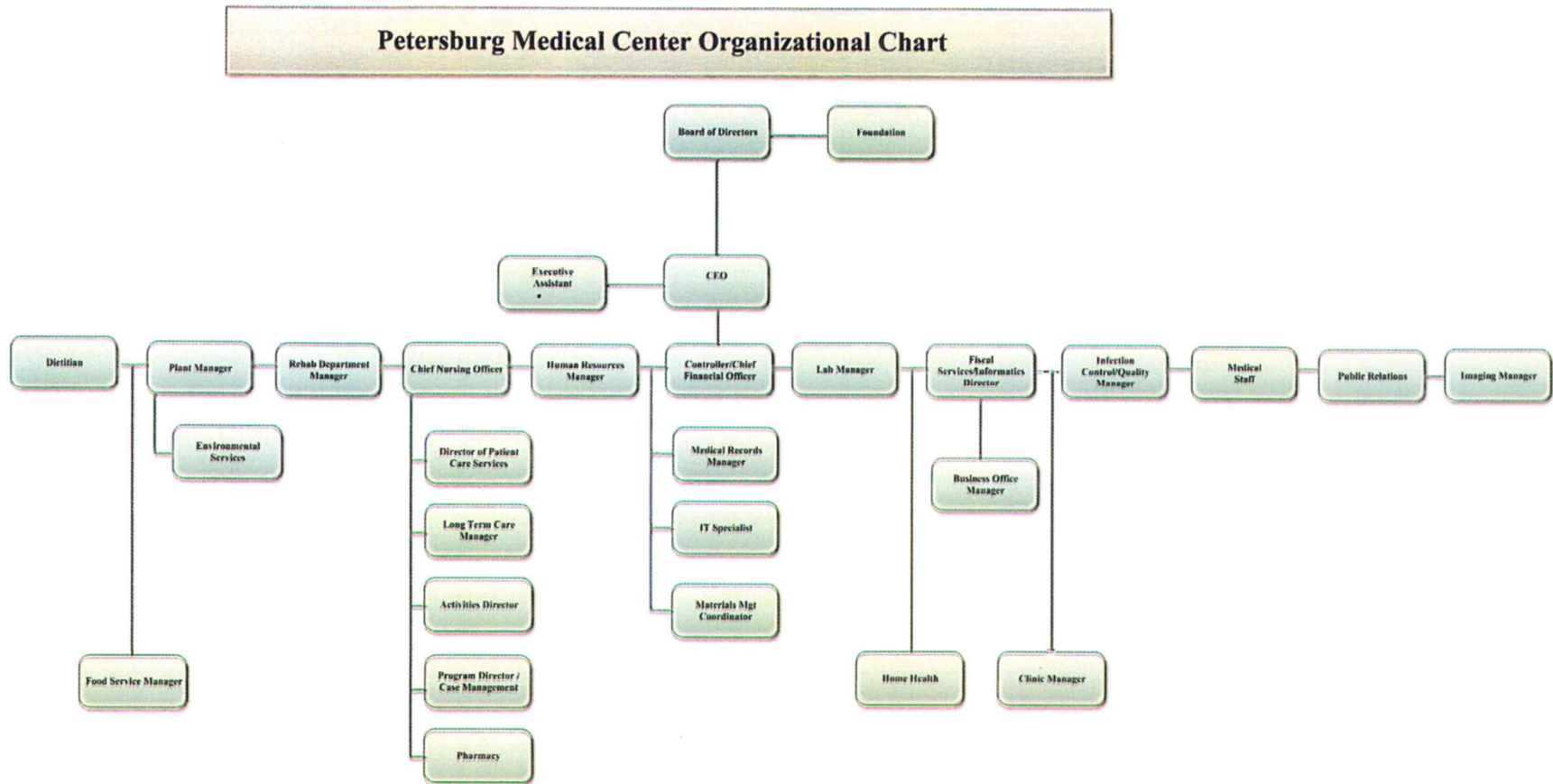
	Actual Internal	Actual Internal	Modified Budget	Projected									
	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30
Assets													
Current Assets													
Cash and Cash Equivalents	\$ 4,105,198	\$ 5,044,238	\$ 4,231,497	\$ 3,823,666	\$ 3,257,181	\$ 2,890,711	\$ 2,717,862	\$ 2,675,222	\$ 2,760,594	\$ 2,894,676	\$ 3,067,209	\$ 3,184,737	\$ 3,228,535
Account Receivable	3,158,950	2,103,267	2,173,900	2,307,697	2,450,047	2,565,443	2,686,437	2,799,717	2,917,949	3,026,594	3,139,472	3,240,868	3,345,740
Inventory	210,499	225,007	231,757	248,046	265,549	274,702	284,174	293,975	304,116	314,610	325,469	336,705	348,331
Prepaid Expense and Other	343,809	157,718	167,236	180,212	192,020	199,223	206,202	213,373	220,822	228,471	236,411	244,557	253,010
Total Current Assets	7,818,456	7,530,230	6,804,391	6,559,621	6,164,797	5,930,080	5,894,675	5,982,287	6,203,481	6,464,350	6,768,561	7,006,867	7,175,617
NonCurrent Assets													
Capital Assets	21,265,616	21,852,352	22,552,352	24,752,352	26,952,352	29,152,352	29,852,352	30,552,352	31,252,352	31,952,352	32,652,352	33,352,352	34,052,352
Accum Dep	(16,907,266)	(17,597,777)	(18,347,777)	(19,129,027)	(19,941,996)	(20,787,140)	(21,614,906)	(22,425,728)	(23,220,029)	(23,998,223)	(24,760,712)	(25,507,888)	(26,240,136)
Capital Assets, net	4,358,350	4,254,575	4,204,575	5,623,325	7,010,356	8,365,212	8,237,446	8,126,624	8,032,323	7,954,129	7,891,640	7,844,464	7,812,216
Assets Limited as to Use	3,257,046	3,403,734	3,403,734	6,403,734	4,903,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734	3,403,734
Total non-Current Assets	7,615,396	7,658,309	7,608,309	12,027,059	11,914,090	11,768,946	11,641,180	11,530,358	11,436,057	11,357,863	11,295,374	11,248,198	11,215,950
Total Assets	15,433,852	15,188,539	14,412,700	18,586,680	18,078,887	17,699,026	17,535,855	17,512,645	17,639,538	17,822,213	18,063,935	18,255,065	18,391,567
Liabilities and Net Assets													
Current Liabilities													
Accounts Payable	\$ 569,164	\$ 679,006	\$ 444,596	\$ 479,093	\$ 510,484	\$ 529,635	\$ 548,187	\$ 567,252	\$ 587,056	\$ 607,389	\$ 628,498	\$ 650,155	\$ 672,627
Salaries and Wages Payable	381,119	419,293	425,942	465,174	495,162	513,420	531,098	549,263	568,131	587,499	607,605	628,229	649,627
Accrued Vacation/Sick Leave	601,480	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578	719,578
Paryroll Taxes Payable	272,000	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080	528,080
Current Portion of Capital Lease	119,977	124,896	-	-	-	-	-	-	-	-	-	1	2
Current Portion of LTD	-	-	-	62,124	65,541	69,146	72,949	76,961	81,194	85,660	90,371	95,341	100,585
Total Current Liabilities	1,943,740	2,470,853	2,118,196	2,254,050	2,318,845	2,359,858	2,399,892	2,441,134	2,484,039	2,528,206	2,574,131	2,621,384	2,670,499
Non-Current Liabilities													
Long term Portion of Capital Lease	280,269	155,373	-	-	-	-	-	-	-	-	-	-	-
Long Term Debt	-	-	-	4,437,876	4,372,335	4,303,189	4,230,240	4,153,279	4,072,085	3,986,425	3,896,055	3,800,713	3,700,128
Net Pension and OPEB Liability	10,281,573	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911	11,593,911
Total Non Current Liabilities	10,561,842	11,749,284	11,593,911	16,031,787	15,966,246	15,897,100	15,824,151	15,747,190	15,665,996	15,580,336	15,489,966	15,394,624	15,294,039
Total Liabilities	12,505,582	14,220,137	13,712,107	18,285,837	18,285,091	18,256,958	18,224,043	18,188,324	18,150,035	18,108,542	18,064,097	18,016,008	17,964,538
Net Assets	2,928,270	968,402	700,593	300,843	(206,204)	(557,932)	(688,188)	(675,679)	(510,496)	(286,329)	(162)	239,057	427,029
Total Liabilities and Net Assets	15,433,852	15,188,539	14,412,700	18,586,680	18,078,887	17,699,026	17,535,855	17,512,645	17,639,538	17,822,213	18,063,935	18,255,065	18,391,567

PARKING DETAIL

Parking Detail by Location *June 2019*

Location	# of Spaces
Business Office	13
Clinic	11
Upper Parking Lot	34
Total	58

PMC ORG CHART



PMC LOGO WITH VALUES

